Submit 3 Copies to Appropriate District Office

State of New Mexico Energ inerals and Natural Resources Department

Form C	-103
Revised	1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088

WELL API NO.	
30-025-33763	
5. Indicate Type of Lease	
STATE	FEE X

Dicempion II		P.U. D			30-025-	-33763	
DISTRICT II P.O. Drawer DD, Artesia, NM	88210	Santa Fe, New Mexico 87504-2088			5. Indicate Type		- G
DISTRICT III 1000 Rio Brazos Rd., Aziec, N		6. State Oil & Ga	STATE	FEE X			
1000 100 21220 1124 1224 1					w same on a co	n Lease IVO.	
		AND REPORTS OF					
(DO NOT USE THIS FOR!		LS TO DRILL OR TO DI USE "APPLICATION F			7. Lease Name or	Unit Agreement Name	e
	(FORM C-101) F		A.J. #6				
1. Type of Well:	GAS WELL X		`				
2. Name of Operator	WEIL X	OTHER			8. Well No.		
Rand Paulson	Oil Compar	ny, Inc.			a. Well No.	l	
3. Address of Operator	. 100				9. Pool name or V		
508 W. Wall St	uite 100	Midland,	<u>Texa</u>	s 79701	Wild	lcat	
	_: <u>1980</u> Fe	et From The EAS	T	Line and198	O Feet From	The South	Line
Section 6	Tc	waship 16-S	Ran	35-E	NMPM Lea	a	County
		10. Elevation (Show)	wheihe <u>r</u> L)F, RKB, KT, GR, etc.)			
- 11.	Check Appro			Nature of Notice, R	eport, or Other	Data	
NOTICE	OF INTENT				SEQUENT F		
PERFORM REMEDIAL WOR	RK 🗌 F	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	; <u> </u>
TEMPORARILY ABANDON		CHANGE PLANS	\boxtimes	COMMENCE DRILLING	OPNS.	PLUG AND ABAND	ONMENT
PULL OR ALTER CASING				CASING TEST AND CEMENT JOB			
OTHER:				OTHER: ATTEMP		WINDOW & SI	DETRACE
12. Describe Proposed or Com	pleted Operations (C	learly state all pertinent de	etails, and	d give pertinent dates, inclu	ding estimated date of	f starting any proposed	ı
work) SEE RULE 1103.	AAIDUI	ا مدان ما مدان	~	- Da (120	0 11 75	-/ < <	UEDO
6-01-11 To	MITEU	ourrove i	XXII	. Do CIBP	(L) (1) (2)	5	APFUL
7-15-97				5 CUT WINDOW			
1-13-1				IBP 12,342'.			
	STOCKO	12,339. UNA	+ BLE	TO ORIENT	tools.	ATTEMP.T	D PLACE
	CEMENT	BEHND CAS	1116	3 TIMES. N	O FILL BE	HND CAS	N6.
	CALINAT	ORLIZUT TO	ر ام	PROPERLY.	POH. REI	EASE UN	31 <i>T</i> .
				10, 6.27.	-		
D.	AAT >	NULL DU		IT 5/2'0 C	Who' D	11 5%"	Done
FLAN	TO NIT D	-1111	· · C			EAST & Com	. - 41
TO 12	-400'SE	T 52 CASIN)G, l	DRILL HORIZO	WIPHLY I	EAS1 7 SOU	. (4).
I hereby certify that the information	n above is true and con	plete to the best of my knowl	edge and b	edia.	· · · · · · · · · · · · · · · · · · ·		
SIGNATURE	Recent		mu	A GENT		DATE 9-8	-97
TYPE OR PRINT NAME	HROUT	4				TELEPHONE NO. 6	~い /
(This space for State Use)	O1 , 201	itz					
(alogic	1 /				OCT .	9 45/07

- DATE -CONDITIONS OF APPROVAL, IF ANY: