Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I Ener	gy, Minerals and Natural Resources	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240 District II	COMOGRA	WELL API NO.
District IU	CONSERVATION DIVISION	30-025-35107 5. Indicate Type of Lease
1000 Rio Brazos Rd., Azioc, NM 87410 District IV Santa Fe, NM 87505		STATE FEE
2040 South Pacheco, Santa Fe, NM 87505		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DERPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCII		l
PROPOSALS.) 1. Type of Well:		Townsend
Oil Well 🖾 Gas Well 🗌 Other		State
2. Name of Operator		8. Well No.
3. Address of Operator Juc.		
L 1001 Farmin Ste 1600 Houston TV 22002		9. Pool name or Wildeat South Big Dog - Strawn
4. Well Location D		
Unit Letter 1 : 1900 feet from the 5 line and 1650 feet from the E time		
		1650 feet from the E line
Section 2 Township 65 Range 35E NMPM County Lea		
10. Elevation (Show whether DR, RKB, RT; GR, etc.)		
11. Check Appropriate	Box to Indicate Nature of Notice, R	eport or Other Data
NOTICE OF INTENTION	NTO: SUBS	SEQUENT REPORT OF
PERFORM REMEDIAL WORK PLUG AN	D ABANDON REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON CHANGE	PLANS COMMENCE DRILL	LING OPNS. PLUG AND
PULL OR ALTER CASING MULTIPLE	E CASING TEST AND	ARANDONMENT
COMPLE	TION CEMENT JOB	, n
OTHER:	OTHER: Per	€. ⊠
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion		
or recompilation.	E 1103. For Multiple Completions: Attach	wellbore diagram of proposed completion
11-4-00 Perf Strawn as fell-20: 14/21 001		
11-4-00 Perf. Strawn as follows: 11474-77', 11,480-93', 11500-04'. Perf w/		
4" csg. guns, 6 jspf, 60 deg. phasing, 32 gr charges, .41" dia.		
I hereby certify that the information above is tru	e and complete to the best of my knowledge	and belief.
SIGNATURE Victue Frederica	k TITLE Regulatory	
		DATE 11-20-00
Type or print name Victie Frede (This space for State use)	Rick	Telephone No. 713-265-6817
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APPPROVED BY	TITLE TITLE	MAX 2 4 2001