Submit 3 Copies to Appropriate
District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

OIL CONSERVATION DIVISION

WELL API NO.

DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-025-01381
P.O. Drawer DD, Artesia, NM 88210	Santa Pe, New Mexico	87304-2088	5. Indicate Type of Lease
DISTRICT III			Federal STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOTI	CES AND REPORTS ON WE	LLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name	
(FORM C-	RVOIR. USE "APPLICATION FOR PE 101) FOR SUCH PROPOSALS.)	RMIT"	or out represent reality
1. Type of Well:			-
MEIT X MEIT	OTHER		Elliams
2. Name of Operator			8. Well No.
3. Address of Operator	TROLEUM COMPANY		2
· .	LOVINGTON, NM 88260		9. Pool name or Wildcat Carbin also
4. Well Location		· · · · · · · · · · · · · · · · · · ·	
Unit Letter :23.	10 Feet From The FN	Line and 198	30-198/ Feet From The FE Line
Section 33	Township 17 S	unge 33 E y	
	10. Elevation (Show whether		NMPM County
	////		
11. Check A	Appropriate Box to Indicate I	Nature of Notice, Re	eport, or Other Data
NOTICE OF INT	ENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON			
	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEI	MENT JOB
OTHER:		OTHER: Calla	ir inspection -
12 Describe Proposed or Completed Operation	cons (Classic state all anning the details on		
12 Describe Proposed or Completed Operation work) SEE RULE 1103.	ous (Cieury sinte au periorent delaus, an	a give perimeni dales, includi	ing estimated date of starting any proposed
1)	Install risers on casi	ng to surface (2	.")
2)	Banded all valves (Sur	Tmod or Drod)	
3)	Clean and fill all cel	lars with sand	
	•		
	//.		
I hereby certify that the information above is the	aid complete to the best of my knowledge and b	edia.	

(This space for State Use)	
TYPE OR PRINT NAME	TELEPHONE NO.
SKONATURE SR OIL & Gas Supervisor	DATE
Will the work of the same of t	12/21/02
I hereby certify that the information above is the and complete to the best of my knowledge and belief.	

FUE GAS INSPECTOR

FEB 24 1993

CONDITIONS OF APPROVAL, IF ANY: