Submit 3 Cúpies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

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<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVA 2040 Pacheo Santa Fe, N	WELL API NO. 30-025-01542 sIndicate Type of Le					
P.O. Drawer DD, Artesia, NW 66210					STATE X	FEE	
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410				6State Oil & Gas Lea B-2516	ase No.		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				7Lease Name or Un SEMGSAU	7Lease Name or Unit Agreement Name SEMGSAU		
Type of Well: OIL GAS WELL OTHER WIW							
2Name of Operator Cross Timbers Operating Company				₀Well No. 604			
3Address of Operator 3000 N. Garfield, Suite 175, Midland, TX 79705				₀Pool name or Wildo	Pool name or Wildcat Maljamar Grayburg San Andres		
₄Well Location Unit Letter M : 660	Feet From The South		Line and66	) Feet From The	West	Line	
Section 29	Township 17 198		Range 33E		Lea	Courts	
	Township		tango	NMPM		County	
	4050' RKB						
<sup>11</sup> Check App	propriate Box to Indica	te Na	ture of Notice, I	Report, or Other	Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:							
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	×	ALTERING CASI	NG	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLIN	G OPNS.	PLUG AND ANBA	NDONMENT	
PULL OR ALTER CASING			CASING TEST AND C	EMENT JOB			
OTHER:							
12Describe Proposed or Completed Operations work) SEE RULE 1103. 11/14/97	(Clearly state all pertinent details, a	and give	pertinent dates, includin	g estimated date of startin	g any proposed		
1. MIRU pulling unit.							
2. POH w/tubing and packer.							
3. Layed down tubing string.							
4. Ran 130 jts 2-3/8" plastic coated t	tubing with packer.						
5. Set packer @ 4095'.							
6. Test tubing/casing annulus to 300 psig for 15 minutes. Held OK.							
7. Return to injection when conformation from OCD is received.							
I hereby certify that the information above is tr	ue and complete to the best of my			ineer	44.40	07	
SIGNATURE De auco	Jue	TIT	LE Operations Eng		<sub>DATE</sub> 11-18	-91	
TYPE OR PRINT NAME Darrin Steed			· · · -		TELEPHONE NO. 91	5/682-8873	
(This space for State Use)	ORIGINAL CROCED SY						
APPROVED BY			"LE		DATE	a sanda	

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

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