## STATE OF NEW MEXICO

Energy, N rais and Natural Resources Department

Form C-103 Revised 1-1-89

Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

**OIL CONSERVATION DIVISION** 

DISTRICT I	2040 Pacheco St.	·		WELL API NO. 30-025-03150		
P.O. Box 1980, Hobbs, NM 88240	Santa Fe, NM 87505		5. Indicate Ty			
DISTRICT II			STATE		E .	
P.O. Drawer DD, Artesia, NM 888210			6. State Oil &	Gas Lease No.		
				22557		
DISTRICT III  1000 Rio Brazos Rd., Aztec, NM 8741	0					
	NOTICES AND REPORTS ON WE	LLS	7. Lease Name	or Unit Agreement Na	ime	
	FOR PROPOSALS TO DRILL OR TO DEEPEN OF	PLUG BACK TO A				
	ESERVOIR. USE "APPLICATION FOR PERMIT" ORM C-101) FOR SUCH PROPOSALS.)			Carrida Manerira	_	
Type of Well:			1	South Vacuur	1	
OIL X	GAS WELL	OTHER			it	
2. Name of Operator			8. Well No.	35-1		
2 Address of Operator :	PALADIN ENERGY CORP.		9. Pool name			
Address of Operator	10290 Monroe Dr., St. 301, Dallas	, TX 75229		cuum Bone S	prings	
Unit Letter G	: 1980 Feet From The North	Line and 1980	Feet from	The East	Line	
		-	_			
Section 35	Township 18S	Rnge 35E	NMPM	Lea	County	
		er DF,RKB, RT, GR, etc	)			
	A description of the Indicate A	3869'	Panart Or C	Y/////////////////////////////////////		
	eck Appropriate Box to Indicate			ENT REPORT	OF:	
	NTENTION TO: PLUG AND ABANDON	REMEDIAL WORK		ALTRG CSG	<b>Ŭ.</b>	
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI		P&A	H	
PULL OR ALTER CASING	200 707 0 0					
	Temporary	OTHER				
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date, including estimated						
date of starting any proposed	work) SEE RULE 1103					
11/15/99 Well shut/in temporarily due to low production.						
(1/15/99 Well Shu	/ temporarily due to low product	puon.				
•						
I hereby certify that the information ab	ove is true and complete to the best of my knowledg	e and belief.	<del></del>		h.v 1	
	\ 02.0			00/45/0	^	
SIGNATURE \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	IN Westfully TITLE	Manager, Corpora	ite Support	DATE 02/15/0	0	
Ann Westberry			214/654-0132			
TYPE OR PRINT NAME				TELEPHONE NO.		
(This space for State Use)					<u>,</u>	
ADDDOVED BY	TITLE			DATE		
APPROVED BY	111 55					