Submit 3 Copies to Appropriate District Office	State of New M Energy, Minerals and Natural R		Form C-103 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-03964	
P.O. Drawer DD, Artesia, NM 88210	Santa Pe, New Mexico 87504-2088		5. Indicate Type of Lease STATE Z FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. E-4039	
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.)			 Lease Name or Unit Agreement Name 	
I. Type of Well: Oll GAS WELL WELL X	OTHER		State KR - 11	
2. Name of Operator			8. Well No.	
Sidney Lanier 3. Address of Operator			1 9. Pool name or Wildcat	
	Services, Box 755, Hol	bbs, NM 88241	Arkansas Junction Queen Gas	
	Feet From The South	Line and 660	Feet From TheEast Line	
Section 11	Township 185 R	inge 36E j	_	
Sector Image Sold NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3816 KB 3816 KB 3816 KB				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INT	ENTION TO:	SUB		
		REMEDIAL WORK	X ALTERING CASING	
	CHANGE PLANS			
PULL OR ALTER CASING				
OTHER:		OTHER:		
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ions (Clearly state all pertinent details, an	nd give pertinent dates, includ	ing estimated date of starting any proposed	
Work began 11/19/	91. Pulled tubing to s	and pump and cle	ean out fill. Tagged	
			junk in hole, unable to	

top of fill at 4338, 132' above top perforation. Found junk in hole, unable to fish junk. Ran 3 7/8" bit on 2 3/8" tubing and drilled on junk from 4338 to 4455. Push remaining junk to 4523, circulate hole clean, ran 2 3/8" production tubing, swabbed load. Returned well to production 12/3/91. Before workover well flowed 21 MCF per day; after workover flowed 196 MCF per day.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE Manue Holler	Donna Holler	Agent	DATE2/4/92		
TYPE OR PRINT NAME			TELEPHONE NO.		
(This space for State Use)	[]는 또 5컵로 1 ml		FEB 0 7 92		
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APPROVED BY		TITLE	DATE		
CONDITIONS OF APPROVAL, IF ANY:					