				
Submit 3 Copies To Appropriate District State of New Mexico				Form C-103
Finance Minarals and Natural Resources		al Resources		Revised March 25, 1999
District I 1625 N. French Dr., Hobbs, NM 88240			WELL APLNO	
District II			30-	025-07522
301 W. Grand Avertic, Artesia, Not 57210		5. Indicate Type of Lease		
District III 1220 South St. Francis Dr.		STATE FEE		
District IV Santa Fe, NIVI 8/505		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES	AND REPORTS ON WELLS	-	7. Lease Name of	or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS	TO DRILL OR TO DEEPEN OR PLUC	G BACK TO A	10 D G	imes Net-A
DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.)	IN FOR PERMIT" (FORM C-101) FOR	CSUCH	W. D. Cr	14182 110111
1. Type of Well:				
Oil Well Gas Well	Other			
2 Name of Operator	0		8. Well No.	1
18chsys	Resources 1	<u> </u>		7
3. Address of Operator PO 13 OX 19465 - Houston, Tx 77224			9. Pool name or Wildcat	
PO 13 0x 194	65 - Houston, 1)	x 77224	Byers	5 queen
4. Well Location	,		v	•
<u> </u>		.		. /
Unit Letter3	30 feet from the North	\perp line and \angle	310 teet tr	om the LOCATION
27	To making 10 C Day	20 %	NIMPM /a.	. County
Section 32	Township /8 S Rai Elevation (Show whether DR	PUR DT CD	NIVIFIVI NOR	County
10		, ккв, кт, ык, ек	-/	•
11 Charle Asses	3640 GR	ture of Notice	Papart or Other	r Data
• •	opriate Box to Indicate Na	iure of Notice,	CEOLIENT DI	
NOTICE OF INTE			SEQUENT RI	ALTERING CASING \Box
PERFORM REMEDIAL WORK PL	ng and arandon 🖂	REMEDIAL WOR	n LJ	ALTERING CASING L
TEMPORARILY ABANDON CI	HANGE PLANS	COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	JLTIPLE 🔲	CASING TEST A	ND 🗆	
C	OMPLETION	CEMENT JOB		
		OTUED. 4.1	11 519	
OTHER:				
12. Describe proposed or completed o	perations. (Clearly state all per	tinent details, and g	give pertinent@ate	s. including estimated date
of starting any proposed work). SI	ERULE 1103. For Multiple C	ompletions: Attac	n wenbore diagrai	m of proposed completion
or recompilation.				
Installed	new well =	519n RC	DEC OC	Drequest.
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5-8-02	_			
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I hereby certify that the information ab	ove is true and complete to the b	oest of my knowled	tge and belief. 🖔	
Mai.	mm r	1	bit	DATE 5-28-02
SIGNATURE	TTTLE_	Consul	an	DAIL V AL CA
0.1	B/155		Tol	10 37 5 (c) Sephone No. 342 - 7/4
Type or print name (au)	101133		10	Epilone 110. 37137/6
(This space for State use)		ASSESSED FIRM	VED BY	
A DDDD OVED DV	TITLE	ORIGINAL SIGN	1177	DATE
APPPROVED BY	1111		11116-	JUN 0 4 2002
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