Submit 3 Copies To Appropriate Dis	strict State	of New Mexico		
Office District I	J "gy. Miner	als and Natural Resources	D.	Form C-103
District I 3 gy, Minerals and Natural Resources District II 5 gy, Minerals and Natural Resources			Revised March 25, 1999 WELL API NO.	
1301 W. Grand Ave., Artesia, NM 8	OIL CONSE	RVATION DIVISION		20979
District III 1000 Rio Brazos Rd., Aztec, NM 87-	1220 5-	5. Indicate Type of Least STATE		
District IV 1220 S. St. Francis Dr., Santa Fe, NN	Santa Fe NM 27505			FEE ase No.
87505				7723
SUNDRY N	NOTICES AND REPORTS	ON WELLS	7. Lease Name or Unit	
(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				rigicement ivame.
PROPOSALS.) 1. Type of Well:			SyATE	= AF
Oil Well 🔀 Gas Well 🖂 Other			- Inte	, , , ,
2. Name of Operator			8. Well No.	
3. Address of Operator			6. Well 140. 2	
3. Address of Operator HOBBS NM 88241-2769			9. Pool name or Wildcat VACULIA WOLFCAMP	
4. Well Location			VACERIMA W	OLFCAMP
Unit Letter	2/30 feet from th	ne EAST line and	330 feet from the	south line
Section 8		185 Range 35E		
	10. Elevation (Show	whether DR, RKB, RT, GR, etc.	NMPM ACour	ity
11 Chec				
NOTICE OF	INTENTION TO:	ndicate Nature of Notice,	Report or Other Data	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N REMEDIAL WOR	SEQUENT REPORT	
TEMPORARILY ABANDON				RING CASING
•	☐ CHANGE PLANS	COMMENCE DRIL		
PULL OR ALTER CASING	☐ MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	ID 🗆	DONMENT
OTHER:		OTHER:		
12. Describe proposed or complestarting any proposed work).	eted operations. (Clearly st	ate all partinent details and a	e pertinent dates, including	
starting any proposed work). recompilation.	SEE RULE 1103. For Mu	eltiple Completions: Attach wel	llbore diagram of proposed	completion or
7/7/00 Sebmi	Hed plans to	TA this well by	y setting CIBI	0 980ú.
		9800', however w		
		_		
moderation i	d establish c	commorcial produ	uction. If cou	imercial
		h, we cutll subm		
this well,	per MMOCD	rules. Estimated	Steet of work	zover date
2/27/2002			(22	2324252623
			\\ \dots \dots \\ \do	1 3 (12)
			319	(A)
cc: Kearper open	- Lua 1601 7		17.18	
			\ <u>`</u>	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
I hereby certify that the information	n above is true and complet	e to the best of my knowledge a	and belief.	
SIGNATURE LOCALI	Ment.	TITLE Desidet	DATE	2113666
Type or print name M. 4.				
(This space for State use)	7741070		Telephone No.	SDS)397-3594
			te tau by Kaufz <u>-</u>	
APPPROVED BY Conditions of approval, if any:	T		ENGINEER DAFEB	2 2 2002
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			No. o	·
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