APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico	
Energy, Minerals and Natural Resources	Department

Submit 3 Copies	State of New M	lexico		Form C.103	
to Appropriate En	Energy, Minerals and Natural Resources Department			Form C-103 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	Box 1980, Hobbs, NM 88240 P.O. Box 2088 RICT II Santa Fe. New Mexico 87504-2088		WELL API NO. 30-025-23768 5. Indicate Type of Lease		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210					
DISTRICT III			3. Tikileate Type of D	STATE TEE	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Le	25c No. K-6732	
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPO	S AND REPORTS ON WE				
DIFFERENT RESERVOI (FORM C-101)	IR. USE "APPLICATION FOR PE FOR SUCH PROPOSALS.)		7. Lease Name or Uni	it Agreement Name	
I. Type of Well: OIL XX WELL XX	OTHER		Lea	Mex State	
Name of Operator Dinero Operating Compa	nv		8. Well No.	2	
3. Address of Operator		9. Pool name or Wildcat			
P. O. Box 10505, Midland, Texas 79702		Vacuum Wolfcamp Northwest			
Unit Letter : 2,130	Feet From The East	Line and 1,98	Foot From Th	e South Line	
Section 5		ange 34 East	NMPM	Lea County	
	10. Elevation (Show whether 4097.9	DF, RKB, RT, GR, etc.)			
11. Check App	propriate Box to Indicate	Nature of Notice, Re	port or Other D	ata	
NOTICE OF INTER		<u>.</u>	SEQUENT REP		
ERFORM REMEDIAL WORK	PLUG AND ABANDON 🔯	REMEDIAL WORK	☐ AL	TERING CASING	
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLI	UG AND ABANDONMENT	
ULL OR ALTER CASING		CASING TEST AND CE			
THER:		OTHER:			
12. Describe Proposed or Completed Operations	(Clearly state all pertinent details, a	und give pertinent dates, includ	ing estimated date of sta	rtine any proposed	
work) SEE RULE 1103.			,	7 71 4 11	
This well will be plugg with 35' cement on top cement across Glorietta out. Surface plug 50' brine with 25# gel.	of plug. Another p	lug 50' in 50' ou 0' top cement 2,0	ut 5 1/2" cut 00' with 50' c	at 7,000'. 100' ement in and 50'	
	r i	FHE COMMISSION MU (D. 10 PERCE TO SE (S. 10 PERCE CENTRO) (D. 12 ANTROYED)	40 BESTMENG C)E	
I hereby certify that the information above is true and c	complete to the best of my knowledge and	 1 bdid.			
SKONATURE	· · · · ·	ne Production Supe	erintendent	7/19/96	
TYPEOR PRINT NAME Charlie Wil	liams			телетноме NO. 915/684-5544	
(This space for State Use)		ORIGINAL SIGNED :	W impov sovene.	11.11 O.12 (5.11)	
APPROUPE BY		DISTRICT IS:	CERVISOR	JUL 26 1995	

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- DATE --