Submit 3 Copies to Appropriate

State of New Mexico

Form C-103

__ DATE __

Energy, Minerals and Natural Resources Denartment

District Office	Line gy, while iais and water at N	csources Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			3c -025 -27777 5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE
			o. State On & Gas Lease 110.
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.)			7. Lease Name or Unit Agreement Name
1. Type of Well:	TOTAL CONTINUE CONTENT		HORRIS
OIL GAS WELL 2. Name of Operator	OTHER		
TEHRORNE,	R Gy		8. Well No.
3. Address of Operator 4000 NO, BIGSPRING-Str 109 MILLAND, TX 4. Well Location			9. Pool name or Wildcat Hobbs & B - SA
Unit Letter $=$: $\frac{23}{}$	O Feet From The N	Line and	30 Feet From The Line
Section 21 Township 7 - 18 S Range R, 38 - ENMPM 244 County			
Section Township T - / P - S Range R 38 - E NMPM 2674 County 10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	OR ALTER CASING CASING TEST AND CE		
OTHER:	OTHER: Calla		w inspections of
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed			
work) SEE RULE 1103.			
SCRFACE PIPE COMENTOD TO SCRFACE			
AS OF GO3-FILON APRIL 1982			
Cellar inspected by Eddie 21' Deag			
May 14 1991-			
L.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIONATURE Langth OBME TITLE AGENT DATE KICK 91			
TYPE OR PRINT NAME			TELEPHONE NO.
(This space for State Use)			
:			

__ TTTLE ---

APPROVED BY -