## State of New Mexico .s and Natural Resources Department

Energy, Min

DISTRICT I		

<b>OIT</b>	CONSE	'DVA	TION	DIV	MOISI
Wills	CUNSE	A Y #1		DI V	191011

P.O. Box 1980, Hobbs, NM 88240  310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503						WELL API NO.  3D-D25-27D23  5. Indicate Type of Lease FED STATE X FEE  6. State Oil & Gas Lease No.						
SUND	RY NOTI	CES AND REPO	ORTS ON W	ELLS								
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					A	7. Lease Name or Unit Agreement Name						
DIFFERE		OIR. USE "APPLIO 101 FOR SUCH PR		ERMIT"			NORTH HOBBS UNIT					
1. Type of Well:	(I OKM C	-torrow seemin	OI OJALJ./				NORTH	CDD3 U	1411			
Oil Well	X	Gas Well	Other []	UECTOR								
2. Name of Operator	t TD						8. Well No	. 242	132			
3. Address of Operator	LID.	- · · · ·	- <u> </u>	<del></del>			9. Pool nan	ne or Wildo	at He	य्वंब		
1710 WEST STANOLIND I	RD, HOBB	S, NM 88240		505/397-82	00		GRAYBU					
4. Well Location												
Unit Letter I	2480	Feet From The	SOUTH	Line and	1280	Feet	From The	EAS	<u> </u>	Line		
Section 24		Township	18-S		Range	38-E	N	мрм		LEA Count	tv	
Section 24		10. Elevation (She		RKB, RT GR.		36-12						
		3666' GL										
11.		Appropriate Box	to Indicate l	Nature of N					m 05			
NOTICE	OF INTE	NTION TO:				SOBS	SEQUENT	KEPOR	.I OF:			
PERFORM REMEDIAL		PLUG AND ABANDON		REMEDIA	L WORK			ALT	TERING C	ASING		
WORK				COMMEN	CE DOILLI	NG OD	, <u> </u>	_  	IC & AB	ANDONMENT		
	TEMPORARILY ABANDON X CHANGE PLANS COMMENCE DRILLING OF CASING TEST AND CEME					=		O & ABA	ANDONNIENT			
PULL OR ALTER CASING					IEST AND C	CEMEN	THOR				_	
OTHER:				OTHER:								
12. Describe Proposed or Compwork) SEE RULE 1103.	leted Operation	ons (Clearly state all	pertinent detail.	s, and give pe	ertinent dates	s, includ	ling estimated	l date of sto	irting any	proposed		
NOTIFY THE NMOCD OF RIG UP. PCOH WITH SUBMERSIBLE EQUIPMENT. RIH W/7" CSG SCRAPER TO 4040'. (CSG 7" - 20#) SET 7" CIBP @4015'. TOP PERF @4065'. TEST CSG TO 500 PSI FOR 30 MIN AND CHART FOR THE NMOCD. NOTIFY THE NMOCD 24 HR BEFORE CSG TEST. CIRC CSG WITH INHIBITED FLUID. RDPU. CLEAN LOCATION.												
I hereby certify that the information	ution above is	true and complete to	the best of my k	nowledge an	d belief.							
SIGNATURE X	IN	Hilbert	4	TITLE	LIFT SPE	ECIAI.	IST		DATE	6-17-	98	
TYPE OR PRINT NAME R	.N. GILBEI		· · · · · · · · · · · · · · · · · · ·					TELEPHO NO.		505/397-820		
	NAL SIGN											
	ELD REP								1	- S & U	9	
APPROVED BY		· · ·	TITLE					_ DATE	<u>6</u>	-30-9	1	