Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

CONDITIONS OF APPROVAL, IF ANY:

Revised 1-1-89

| P.O. Box 2088  |  |                                       | WELL API NO.<br>30–025–29902  |                            |                  |
|--|--|---------------------------------------|---|----------------------------|------------------|
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088   |  |                                       | 5. Indicate Type of Lease   | F77                        |                  |
| DISTRICT III<br>1000 Rio Brazos Rd., Aziec, NM 87410   |  |                                       | 5'<br>6. State Oil & Gas Lease I<br>7–1987  | ·····                      | FEE              |
| SUNDRY NOTICES AND R<br>(DO NOT USE THIS FORM FOR PROPOSALS TO D<br>DIFFERENT RESERVOR. USE *A<br>(FORM C-101) FOR SUC   | DRILL OR TO DEEPEN OR PL<br>APPLICATION FOR PERMIT | UG BACK TO A                          | 7. Lease Name or Unit Ap  | greement Namo              |                  |
| 1. Type of Well:  OIL GAS WELL X WELL OTHER  |  |                                       | iratrin State 1   |                            |                  |
| 2. Name of Operator  |  |                                       | irstrip State '<br>& WellNa   | 'A''                       |                  |
| Morexco, Inc.  |  |                                       | 1   |                            |                  |
| 3. Address of Operator   |  |                                       | 9. Pool name or Wildcat   |                            |                  |
| P. O. Box 481, Artesia, NM 8821  | 1-0481   |                                       | N. Airstrip-Bor   | ne Spring                  |                  |
| Unit Letter K: 1931 Feet From  | 1 TheS   | Line and198                           | O Feed From The   | W                          | Line             |
| Section 15 Township  | 18S Range  | 34E N                                 | IMPM T  | .ea                        | County           |
|  | . Elevation (Show whether DF, R                    |                                       |   |                            |                  |
| 11. Check Appropriat   | e Box to Indicate Natu                             | re of Notice. Re                      | port, or Other Dat  | 3<br>                      |                  |
| NOTICE OF INTENTION  |  |                                       | SEQUENT REPO  |                            |                  |
| PERFORM REMEDIAL WORK PLUG   | AND ABANDON RE                                     | MEDIAL WORK                           | ALTE  | ERING CASING               |                  |
| TEMPORARILY ABANDON CHANG  |  | MMENCE DRILLING                       |   | G AND ABANDO               | DNMENT _         |
| PULL OR ALTER CASING   | CA   | SING TEST AND CE                      | MENT JOB  |                            |                  |
| OTHER:   | <u> </u>   |                                       | p, rods and pum   | ping unit                  |                  |
| 12. Describe Proposed or Completed Operations (Clearly work) SEE RULE 1103.  |  |                                       |   |                            |                  |
| norty obb Robb 1103.   |  |                                       |   |                            |                  |
| 4-4-94 Set pump, rods and pum  | ping unit. Hang we                                 | ell on.                               |   |                            |                  |
|  |  |                                       |   |                            |                  |
|  |  |                                       |   |                            |                  |
|  |  |                                       |   |                            |                  |
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|  |  |                                       |   |                            |                  |
|  |  |                                       |   |                            |                  |
|  |  |                                       |   |                            |                  |
| I hereby certify that the information above is true and complet.   | e to the best of my knowledge and bei              | iď.                                   |   |                            |                  |
| Relifera Rollin  | SOO  | Production                            | Clerk   | Anril                      | 7, 1994          |
| SIGNATURE RELECTION IN THE STATE OF THE STAT | m.e  |                                       |   | DATE <u>ADF11</u><br>(505) | 1, 1994          |
| TYPE OR PRINT NAME Rebecca Robinson  |  | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · ·   | ( 305 )<br>TELEPI KONE NO. | <b>746-</b> 6520 |
| (This space for State Use)   |  | original in an                        | Karana da k |                            | · · ·            |
|  |  | DIST -                                |   | ADD                        | 1 2 1994         |
| APPROVED BY  | TITLE  |                                       |   | DATE                       | - D 100          |