oubmit 3 Copies To Appropriate District Office	State of Nev Ener Minerals and	w Mexico Natural Resources	Form C-10 Revised March 25, 19	
District 1 1625 N. French Dr., Hobbs, NM 87240 District II 811 South First, Artesia, NM 87210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Pacheco, Santa Fe, NM 87505	OIL CONSERVA 2040 South Santa Fe, N	n Pacheco IM 87505	WELL API NO. 30-025-31445 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.	
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.) 1. Type of Well:	ES AND REPORTS ON PAILS TO DEE PATION FOR PERMIT" (FORM Other	PEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name:	
Oil Well X Gas Well 2. Name of Operator	Other	<u></u>	8. Well No.	7
Cross Timbers Operating Compar	v		907	
3. Address of Operator	•		9. Pool name or Wildcat	
3000 N. Garfield, Suite 175 Mi	idland, Texas 79705		Maljamar Grayburg San Andres	-
4. Well Location Unit Letter	2310feet from the	North line and	990 feet from the East lin	ıe
Section 32	Township 17	s Range 33E	NMPM County Lea	
Section 32		ether DR, RKB, RT, GR, et. 4051' KB		
11. Check A	ppropriate Box to Ind	icate Nature of Notice,	Report, or Other Data	
NOTICE OF INTE	ENTION TO: PLUG AND ABANDON	SUB REMEDIAL WORK	SEQUENT REPORT OF: ALTERING CASING	
TEMPORARILY ABANDON X	CHANGE PLANS	COMMENCE DRILL	ING OPNS. PLUG AND	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB	ABANDONMENT	
OTHER:		OTHER: Casing I	ntegrity Test	<u> </u>
12. Describe Proposed or Complete	d Operations (Clearly state SEE RULE 1103. For Mu	e all pertinent details, and gultiple Completions: Attach	ive pertinent dates, including estimated date wellbore diagram of proposed completion	
2/19/2001 MI & RU pump to test. Test witnessed by 1	oved all surface equip nd tubing. Removed particle. Ran csg integral Bill Prichard, CCD rep	ump from location. Wel ity test. Pressured To presentative. Chart at	Il is temporarily abandoned. TA to 500 psig for 30 min. Good stached. For future waterflood expansion.	
			/	
		Marin Miller Marin Marin	2/21e/06	
I hereby certify that the information above	is true and complete to the b	est of my knowledge and belie	rf. \	_
SIGNATURE Janise C	ourtney_	TITLE Regulatory Tech	DATE 2/21/2001	_
Type or print name Janice Courtne	U nz		Telephone No. 915/682-8873	3_
(This space for State use)			722 2 3 7N	
APPROVED BY		TITLE	DATE	
Conditions of approval, if any:			f £ t;	

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