Submit 3 Copies to Appropriate District Office

State of New Mexico nerals and Natural Resources Depart Energy,

Form C-103

District Office			Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT	TION DIVISION	West -
ESTRICT II	2040 Pache	co St.	WELL API NO.
O. Drawer DD, Artesia, NM 88210	Santa Fe,	NM 87505	30-02532610
ISTRICT III			5 indicate Type of Lease   CO   STATE   FEE
000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOTE	CEC AND DEPORTS		2222
TO HO! OUR IMIS FORM FOR PHO	CES AND REPORTS ON PROBLEM OF TO DEE	DEN OR BUTTO BARRIES	
	ITOM. USE APPLICATION EN		7. Lease Name or Unit Agreement Name
Type of Well:	101) FOR SUCH PROPOSALS.)		
OL Depletedus			- Mitchell Federal NM81960
Name of Operator	OTHER		11101900
	rd Oil Company		8. Well No.
Address of Operator P.O. Box			1
Wid11	TX 79702		9. Pool name or Wildcat
well focation			Teas: Yates Seven Rivers
Unit Letter	Feet From The East	Line and660	For Emp To South
7	_		Feet From The South
Section /	Township 19S	Range 32E	NMPM Lea
	IU. Elevation (Show whe	ther DF, RKB, RT, GR, etc.)	County County
Check A	Dominio D		
NOTICE OF INT	ppropriate Box to Indica	te Nature of Notice, Re	eport, or Other Data
1101102 01 11111	ENTION TO:	SUB	SEQUENT REPORT OF:
FORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	<del></del>
APORARILY ABANDON	CHANGE PLANS	<b>-</b> ,	ALTERING CASING
	OININGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
LL OR ALTER CASING		CASING TEST AND CE	
HER:		OTHER:	
Describe Proposed or Correlated Counti			
work) SEE RULE 1103.	ms (Clearly state all pertinent detail)	s, and give persinens dates, includ	ing estimated date of starting any proposed
Date O	pened $\sim 6/01/98$		2 - A by about
Date C			
CIBP to	agged @2700'		:
Balance	ed bottom plug cemen	ted with 20 sx fro	m 2700' to 2430'
<del>-</del>	"TOCIMCUIALE DING	COMONFOO *****	~
			sx from 1100' to 732' from 450' to surface ces and witnessed by
Steve (	Caffee of the Bureau	of Land Managemen	ces and witnessed by
		- Trandgemen	
			•
when countifies the first information			
reby certify that the information above is true an	complete to the best of my knowledge	and belief.	
HATURE LA Charles	2	Owner	9/20/2020
E OR PRINT NAME			DATE 8/20/2001
·			TELEPHONE NO.
space for State Use)		,	
CONTROL DAY			
NAME OF VALUE OF VALU		ma	DATE
ditions of approval, if any:			VAIS -