

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.	30-025-33576
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	VO-4798
7. Lease Name or Unit Agreement Name	
SV "17" STATE COM	
8. Well No.	1
9. Pool name or Wildcat	REEVES WEST QUEEN

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.)	
1. Type of Well:	OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator	RALPH C. BRUTON
3. Address of Operator	3500 N. ACOMA HOBBS, NEW MEXICO 88240
4. Well Location	Unit Letter N : 660 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 17 Township 18S Range 35E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3946' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: COMPLETION ☐

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.

- 1) MIRU P.U. - LAID DOWN ALL PRODUCTION EQUIPMENT
- 2) PICK UP AND TIH WITH 4-3/4" BIT, 6, 3-1/2" DRILL COLLARS ON 2-3/8" TBG.
- 3) DRILLED OUT CIBP'S @ 3,530' AND 4,350'.
- 4) LAID DOWN BIT AND COLLARS.
- 5) PICKUP 5-1/2" AD-1 PACKER TIH ON 140 JTS. 2-3/8" TBG SET PACKER AT 4,380'.
- 6) SWAB 6 DAYS TO RECOVER 140 BBLs, LOAD WATER.
- 7) 12/29/97 PLACED WELL ON PRODUCTION.
- 8) 24 HR. TEST O-OIL, O-WATER, 96MCF.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Ralph C. Bruton TITLE OWNER DATE 1/15/98

TYPE OR PRINT NAME RALPH C. BRUTON

TELEPHONE NO. 505-390-0366

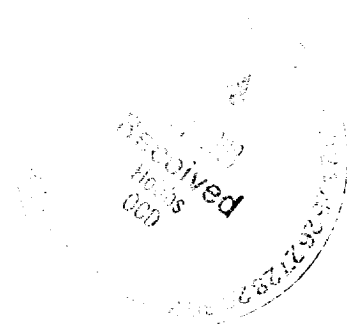
(This space for State Use)
ORIGINAL FILED BY JERRY WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 13 1998

4 5 6 7



Certificate Number

