Submit 3 Copies to Appropriate District Office

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

Form C	-103
Revised	1-1-89

<u>DISTRICT I</u> P.O. Box 1980, Ho	bbs, NM 88240	OIL CONSERV			WELL API NO.		
DISTRICT II			30-025-34612				
	awer DD, Anesia, NM 88210		5. Indicate Type of Lease  STATE FEE				
DISTRICT III 1000 Rio Brazos Re	i., Aziec, NM 87410				6. State Oil & Ga		TEE E.
( DO NOT USE 1	THIS FORM FOR PRO DIFFERENT RESER	CES AND REPORTS C POSALS TO DRILL OR TO D VOIR. USE "APPLICATION 101) FOR SUCH PROPOSAL	DEEPEN FOR PE	OR PLUG BACK TO A	7. Lease Name or	Unit Agreement No	arne
1. Type of Well: OIL WELL X	GAS WELL	OTHER			Laney "A"		
2. Name of Operat	or Resources, L	10			8. Well No.		
3. Address of Ope					9. Pool name or V	Vildcat	
P. O. Box	( 11150, Midla	and, TX 79702	. <u></u>			s (San Andı	res)
Unit Lette	0 : 853	Feet From The South	<u> </u>	Line and198	Feet From	The east	Line
Section	30	Township 18S	Ra	nge 39E	nmpm Le	а	County
		/////	whether	DF, RKB, RT, GR, etc.)			
11.	Check A	3606 GR Appropriate Box to Ind	icate 1	Vature of Notice 1	Parant on Other	V///////	
	OTICE OF INT	ENTION TO:	ucaic 1	(			
PEDEGON PENEDAL WORK						_	
TEMPORARILY AB		CHANGE PLANS		REMEDIAL WORK		ALTERING CASI	_
		Change Plans		COMMENCE DRILLIN	<del></del>	PLUG AND ABAN	NDONMENT L
PULL OR ALTER C	ASING			CASING TEST AND C	EMENT JOB 🗵		_
OTHER:				OTHER:			
12. Describe Proposition work) SEE RUL	d or Completed Operati E 1103.	ons (Clearly state all pertinent d	etails, an	d give pertinent dates, incl	uding estimated date of	starting any propos	sed
5-20-99:	MIRU CapStar	Drilling Rig #8.	Spu	ıd 12≟" hole @	6:00 pm MST.		
5-22-99:	Ran 1931.93' notched Tx F Halliburton Plus + 0.25 0.25 lb/sk f WOC total of	nole @ 1,925'. Ra overall, set @ 1 Pattern Guide Shoe to cement. Cemen lb/sk flocele. T Plocele. Plug dow 12 hrs. Cut off est to 1000 psi o	925', Ins t cas ail i n @ 1	KB elev. Floa sert float & 8 sing w/580 sks n w/245 sks Pr :00 pm MST. C	t equipment of centralizers Halliburton of emium Plus + irc 122 sks	consisted of the consis	of Lum oit.
I hereby certify that the	information above is true a	nd complete to the best of my knowle	_	eld. <u>Vice Presiden</u>	t		-99
TYPE OR PRINT NAME	Christopher	P. Renaud				TELEPHONE NO.	915 6853116
(This space for State U	se)	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					DAG.
APPROVED BY			mu	E		DATE	
CONDITIONS OF APPRO	VAL, IF ANY:						