Submit 3 Copies To Appropriate District Office	State of New M	Form C-103 Revised March 25, 1999			
<u>District I</u> 1625 N. French Dr., Hobbs, NM 87240  Energy, Minerals and Natural Resources			WELL API NO.		999
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION			30-025-35748		
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410			5. Indicate Type of Lease		
<u>District IV</u> Santa Fe, NW 8/303			6. State Oil & Gas Lease No.		
2040 South Pacheco, Santa Fe, NM 87505			o. State Off & C	ids Lease Ivo.	
SUNDRY NOTICI (DO NOT USE THIS FORM FOR PROPOSA! DIFFERENT RESERVOIR. USE "APPLICA" PROPOSALS.)	ES AND REPORTS ON WELLS LS TO DRILL OR TO DEEPEN OR PL TION FOR PERMIT" (FORM C-101) FO	UG BACK TO A	7. Lease Name of	Unit Agreement Nam	ie:
1. Type of Well:					
Oil Well Gas Well X  2. Name of Operator	Other		0.37/1137		
KUKUI OPERATING COMPANY			8. Well No. 1		
3. Address of Operator			9. Pool name or Wildcat		
203 WEST WALL SUITE 810 MIDLAND, TEXAS 79701			LUSK MORROOW NORTH GAS		
4. Well Location					
Unit Letter L: 1	980' feet from the SOUTH	line and 60	60' feet from	n the WEST lin	ne
Section 32		ange 32E	NMPM	County LEA	
	0. Elevation (Show whether D.	R, RKB, RT, GR, etc	:)		
11 Chaols Ans	3691' GR.	otimo of NI-4: 1	0.1		•
NOTICE OF INTE	propriate Box to Indicate N				
PERFORM REMEDIAL WORK   F		REMEDIAL WOR	SEQUENT REF	ALTERING CASING	
			LLING OPNS. 🗌	PLUG AND ABANDONMENT	
	MULTIPLE  COMPLETION	CASING TEST AN CEMENT JOB	ID	YIOY (I AD OTHNICIA)	
OTHER: Change Intermediate	e casing size 📉	OTHER:	•		П
12. Describe proposed or completed of starting any proposed work). S or recompilation.	operations. (Clearly state all per EE RULE 1103. For Multiple C	tinent details, and g. Completions: Attach	ive pertinent dates, i wellbore diagram o	ncluding estimated dat of proposed completion	:e 1
1. Kukui Operating Compaintermediate casing			er theit casi	ng program on	the
2. Also Kukui Operating production hole from		e approval to	change the	hote 202722	:he
			18910112137		25.762722
			01681		7
I hereby certify that the information ab	overis true and complete to the b	est of my knowledg	V	15.845A	-
SIGNATURE CONTROL TO	<i>-</i>	,			
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Type or print name (This space for State use)	MUNCE TITLE	OBJOINAL S	IGNED BY Teleph	DATE 11/26/0 one No.	<u>.</u>
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