Submit 3 Copies To Appropriate District		f New Me			Form C-1
Office District I	Energy, Mineral	Energy, Minerals and Natural Resources			Revised March 25, 19
1625 N. French Dr., Hobbs, NM 88240	~~ ~	-			30-025-02405
District II Bill South First Astoria NM \$8210	OIL CONSERVATION DIVISION			5 Indiants There	oflesse
811 South First, Artesia, NM 88210 District III	2040 South Pacheco			5. Indicate Type STATE	
1000 Rio Brazos Rd., Aztec, NM 87410		Santa Fe, NM 87505			
Vistrict IV 040 South Pacheco, Santa Fe, NM \$7505				6. State Oil & G 63404-00	as Lease No.
	TOPS AND DEDODTS	ON WELLS			Unit Agreement Nan
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.) 1. Type of Well:	CATION FOR PERMIT" (FOI	EPEN OR PLUC	G BACK TO A SUCH	Sarah Sue	
Oil Well X Gas Wel	1 Other			8. Well No. 1	
2. Name of Operator LEA COUNTY PRODUCTION,	uс				
3. ADDRESS				9. Pool name or Wildcat	
7915 N. LLEWELYN, HOBBS, 1	NM 88242			PEARL SEVEN	RIVERS
4. Well Location					
Unit LetterE:	_1980feet from the	NORTH	[line and _	_660feet from	the
Section 36	Townsh	ip 19S	Range 34H	NMPM	LEA County
Jeenini Je	10. Elevation (Show			tc.)	
	3721 GL				
11. Check	Appropriate Box to 1	Indicate Na	ture of Notice,	Report or Other	Data
NOTICE OF I	NTENTION TO:		SUE	SEQUENT RE	PORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABAND		REMEDIAL WOR	sik X⊡	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING			CASING TEST A CEMENT JOB	ND	
OTHER:	•		OTHER:	ECOMPLE	TION
 Describe proposed or complete of starting any proposed work or recompilation. TD 5050, PB 	k). SEE RULE 1103. F	y state all per for Multiple (tinent details, and Completions: Atta	give pertinent dates ich wellbore diagram	, including estimated on of proposed complet
	CBL TOC @ 3780				
	\]]] \] \] \] \] \] \] \] \] \] \] \] \]	MT ON TOP	.		
	3953 - 80 w/ 1 JSPF	TOTAL 39 H	IOLES		
ISOL	ATE PERFS AND SWA	BB			
SET C	CIBP @ 4036 (NEW PB	D)			
FRAC	2 PERFS 3953 - 80 w/ 2	1000# 16/30	OTTWA SAND		
1811)	DEDEC 2062 00				
OIL	PERFS 3953 - 80 , TRACE				
	ER 5 BPD				
GAS	3 MCFPD		-		•
07/11/00 SHUT IN PENDIN					
I hereby certify that the informat	ion above is true and con	mplete to the	best of my knowle	dge and belief.	
SIGNATURE	Cah			ORDINAOR _DAT	TE 07/18/00
				T-1-	nhone No. (505)207 7
Type or print name JAMES CO (This space for State use)	GBURN			1 ele	phone No. (505)392-7
		·			
APPPROVED BY		TITLE		· · · · · · · · · · · · · · · · · · ·	DATE
Conditions of approval, if any:					
• • •			ZF	Pearl	Dueen



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