

District I

District IIDistrict IIIDistrict IV

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-025-20772

STATE ☒ FEE ☐

7. Lease Name or Unit Agreement Name:

STATE CV

8. Well No.
2

9. Pool name or Wildcat
VACUUM ABO REEF

(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.)

Oil Well ☐ Gas Well ☐ Other ☐

2. Name of Operator
ASHER ENTERPRISES LTD CO

3. Address of Operator
P.O. BOX 423, ARTESIA, NM 88210

4. Well Location

Unit Letter E : 1750 feet from the NORTH line and 330 feet from the WEST line

Section	25	Township	17C	Range	25E	NB 10M	LEA County
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10. Elevation (*Show whether DR, RKB, RT, GR, etc.*)

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☒ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

WE REQUEST A 90 DAY TA STATUS FOR THE ABOVE WELL. WE ARE IN THE PROCESS OF SELLING THIS PROPERTY AND THE NEW OWNER PLANS TO PUT THE WELLS BACK ON PRODUCTION WITHIN THE YEAR.

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

SIGNATURE	Robin Lockman	TITLE	AGENT	DATE	12/10/02
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Type or print name ROBIN COCKRUM Telephone No. 748-1424

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

JOSEPH R. DELOACH