Office	of New Mexico	Form C-103 Revised March 25, 1999
District I Latergy, Wilner 1625 N. French Dr., Hobbs, NM 88240	rals and Natural Resources	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSE	ERVATION DIVISION	30-025-23667
District III 1220 Sc	outh St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Sant:	a Fe, NM 87505	STATE FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Gas Lease No. B74272
SUNDRY NOTICES AND REPORT		7. Lease Name or Unit Agreement Name:
(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.)		STATE CV
Type of Well:     Oil Well □ Gas Well □ Other		STATE CV
2. Name of Operator		8. Well No.
ASHER ENTERPRISES LTD CO		6
3. Address of Operator P.O. BOX 423, ARTESIA, NM 88210		Pool name or Wildcat     VACUUM ABO REEF
4. Well Location		
Unit Letter E :_ 1960 feet from theNORTH _ line and540 _ feet from theWEST line		
	15C P 25E	
<u> </u>	Name of the state	TEA Country
10. Elevation (Sno	ow whether DR, RRD, R1, GR, 8	etc.)
11. Check Appropriate Box to	Indicate Nature of Notice	Report or Other Data
NOTICE OF INTENTION TO:	•	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABAND		
TEMPORARILY ABANDON 🔀 CHANGE PLANS	COMMENCE D	RILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING  MULTIPLE COMPLETION	CASING TEST A	
OTHER:	OTHER:	
12. Describe proposed or completed operations. (Clear		
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion		
or recompilation.		
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.		
WELLS BACK ON FRODUCTION WI	THIN THE TEAK.	: 11 12
		e.
		\$ 20
		OSTATE OF THE PROPERTY OF THE
		. 0
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE POLICE COCKETUROS		
	TITLEAGENT	DATE 12/10/02
Type or print name ROBIN COCKRUM		Telephone No.748-1424
(This space for State use)		
APPPROVED BY	TITLE	GEDATE T
Conditions of approval, if any:	CHARY W. WINK	/F II/STAFF MANAGER
Conditions of approval, if any.	OC FIELD REPRESENTATIV	. 14 119 "