Submit 3 Copies to Appropriate District Office

State of New Mexico Energ Ainerals and Natural Resources Department

Form C-103 Revised 1-1-89

Diemier I	OIL CONSEDVA	L CONSERVATION DIVISION				 ,	
				WELL API NO.			
DISTRICT II	1 .O. DOX 2000			30-025-24048			
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type		EE 🗌		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410				6. State Oil & Gas Lease No. A-1746, B-1518, B-1527, K-6023			
SUNDRY NOTICES AND REPORTS ON WELLS							
(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.)			7. Lease Name or Unit Agreement Name				
1. Type of Well:			New Mexi	.co "DK" State C	om		
OIL OAS WELL X	OTHER						
2. Name of Operator				8. Well No.	_		
Redstone Oil & Gas Company					1		
3. Address of Operator			9. Pool name or Wildcat				
8235 Douglas Avenue, Suite 1050 Dallas, TX 75225				Vacuum,	N. (Atoka Morro	W)	
4. Well Location							
Unit LetterF :19	80 Feet From The North	<u>n</u>	Line and190	Feet Fro	m The West	Line	
Section 18 Township 17S Range 35E NMPM Lea County							
Section 10 Identify Available (Show whether DF, RKB, RT, GR, etc.)							
4001' (GR)							
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data							
NOTICE OF INTENTION TO: SUE				SEQUENT I	REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	X	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	GOPNS.	PLUG AND ABANDON	MENT _	
PULL OR ALTER CASING			CASING TEST AND CE	EMENT JOB			
OTHER:			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.							
1) Pulled tubing and cleaned out hole.							
2) Swab & flow tested well.							
3) Fracture stimulated and returned well to production.							

I hereby certify that the information above is thue and complete to the best of my knowledge and belief.							
SIGNATURE SIGNATURE		DATE 8/21/96 (214)					
TYPEOR PRINT NAME C. Scott Royal		ТЕLEPHONE NO. 368-0202					
(This space for State Use)		100 S # 188					
APPROVED BY	muz	- DATE					
CONDITIONS OF AFFROVAL, IF ANY:							