Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103
District I	Energy, Minerals and Natural Resources			Revised March 25, 1999 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II				30-025-25897
811 South First, Artesia, NM 88210				5. Indicate Type of Lease
istrict.lll 1220 South St. Francis Dr.			STATE FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 8750-	Santa re, NM 8/304			6. State Oil & Gas Lease No.
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:				TONTO
Oil Well Gas Well Other injection well				
2. Name of Operator Robinson Oil, Inc.				8. Well No.
3. Address of Operator				9. Pool name or Wildcat
P.O. Box 1829 Eunice, New Mexico 88231 4. Well Location				TONTO YATES SEVEN RVRS. SOUTH
Unit Letter I : 1650 feet from the South line and 990 feet from the East line				
Section 30 Township 19S Range 33E NMPM County Lea				
10. Elevation (Show whether DR, RKB, RT, GR, etc.)				
11. Check A	ppropriate Box to In	idicate N	ature of Notice,	Report or Other Data
NOTICE OF IN	TENTION TO:			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDO	и <u> </u>	REMEDIAL WOR	K ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS. PŁUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN	
OTHER:			OTHER: Pre	essure Test XX
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 recompilation.				
Rig up pressure tr	uck on casing.	Pressu	red to 560 1	os., held for 31 minutes.
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
	emont.	TITLE_	President	DATE07/16/01
Type or print name /Ross	L. Robinson, J.	r.		Telephone No. 631-4691
(This space for State use)		<del></del>		
APPPROVED BY		_TITLE_	<u> </u>	DATE
Conditions of approval, if any:			TO SECTION AND AND ADDRESS.	

