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To Appropriate
District Office

State of New Mexico Minerals and Natural Resources Department

Form C-103 Revised March 25, 1999

DISTRICT 1 1625 N. French Dr., Hobbs, NM 88240	OIL CONSERVATION DIVISION	WELL API NO.
DISTRICT II	2040 South Pacheco	30-025-27794
811 South First, Artesia NM 88210	Santa Fe, NM 87505	5. Indicate Type of Lease STATE I FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No. LG 1339
SUNDRY NOTION	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERVOIR. USE "APPLI	OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS	EXXON ST.
1. Type of Well: Oil Well Gas Well 2. Name of Operator	Other	
2. Name of Operator POLLUTION CONTROL INC	2.	8. Well No.
3. Address of Operator P.O. BOX 2158, HOBBS,		9. Pool name or Wildcat
4. Well Location	NA 00241	VACUUM GRAYBURG
Unit letter:	1650feet from theSOUTHline and	1feet from the West line
Section 32	Township 175 Range 36E	NMPM Lea County
	10. Elevation (Show whether DF, RKB, RT, GR, etc. 3865-8 G.R.) Same and a superior of the s
Che	eck Appropriate Box to Indicate Nature of Noti	co. Report or Other Data
NOTICE OF INT		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	☐ ALTERING CASING □
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLIN	IG OPNS.
PULL OR ALTER CASING	MULTIPLE CASING TEST AND COMPLETION	
OTHER:	OTHER:	
12. Describe proposed or completed of	operations. (Clearly state all pertinent details, and give pertiner b. For Multiple Completions: Attach wellbore diagram of pro	nt dates, including estimated date of starting any
MIRU 4/7/00 1, Plug 1950' w/40 sacks WOC WOC & TAG TOC 930' 4. marker, RDMO 4/13/00	@ 4900' 4 1/2 CIBP w/10 sacks on top. & TAG 1840' 3. 35 sacks @ 4 1/2 stub 50 sacks @460' WOC & TAG TOC 340', 10	@ 1000', 35 sacks 1050'
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10 1b Brine Mud betwee	en all plugs	
hereby certify that the information abo	ve is true and complete to the best of my knowledge and belief	
SIGNATURE WI H	Cementer TITLE Cementer	DAT 4/13/00
ype or print name		Depto No.
(This space for State use)		
APPROVED BY Conditions of approval, if any:	my he Halles	DATE - 24-03
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CWW		Λ

