## Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

SEP 1 4 1989

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088  TRICT II  Drawer DD, Artesia, NM 88210  P.O. Box 2088  Santa Fe, New Mexico 87504-2088		WELL API NO.
DISTRICT II			30-025-30360
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III			5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.  K-6119
SUNDRY NOTICE	CES AND REPORTS ON WEL	IS	
( DO NOT USE THIS FORM FOR PRODIFFERENT RESER		OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
i. Type of Well: Oil. GAS WELL X	OTHER		Betty State
2. Name of Operator			8. Well No.
C. W. Trainer  3. Address of Operator			9. Pool name or Wildcat
<u>-</u>	Services, Inc. Box 75	5. Hobbs NM	North Vacuum Atoka-Morrow
4. Well Location	Feet From The South	Line and 660	
Section 16			Table 1
	Township 17S Ra  10. Elevation (Show whether	nge 35E DF, RKB, RT, GR, etc.)	NMPM Lea County
	3959		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER:		OTHER: Deepen	To Morrow X
12. Describe Proposed or Completed Operationarity SEE RULE 1103.	ons (Clearly state all pertinent details, an	d give pertinent dates, includ	ling estimated date of starting any proposed
Work began 4/26/89. I	Orilled 4 5/8" hole 12, 12,164-168, 12,098-124	206 to 12,414.	No gas shows. Set
11,853-864, 11,827-846, 11,788-803, 11,707-723, 11,687-700 with 4 jets shots per			
foot. Swab water with small blow gas. Set CIBP at 12,088. Treat perfs 11,687			
to 12,075 with 8,000 gal Mod 101 acid, 30 tons CO <sub>2</sub> , flush with 2% KCL water.			
Maximum pressure 7540#. Swab load with small blow gas. Plan to P&A.			
I hereby certify that the information above is true a	and complete to the best of my knowledge and b	elief.	
	les m.		DATE9-25-89
	11112	- ANGULL	
TYPEOR FROT NAME Donna Holl	er		<b>TELEPHONE NO.</b> 505-393-272
(This space for State Use)			

ORIGINAL SIGNED BY JERRY SEXTOR

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT I SUPERVISOR TIME

CHUENVED

SEP 13 1989

OCD Nobas Office