Submit 3 Copies

State of New Mexico

to Appropriate District Office		Energy, Minerals and Natural Resources Department			t	Form C-103 Revised 1-1-89		
DISTR P.O. Bo	ICT I ox 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088			I WELL API NO	WELL API NO.		
DISTRI P.O. Dr	CT II awer DD, Artesia, NM 88210				·	30-025-32003		
DISTRI	CT III				5. Indicate Type	of Lease STATE FEE	: [
1000 Ri	o Brazos Rd., Aztec, NM 87410				6. State Oil & G	is Lease No.		
	SUNDRY NO	TICES AND REPO	CES AND REPORTS ON WELLS			LG-607		
(DO)	OT USE THIS FORM FOR PE DIFFERENT RESE	ROPOSALS TO DRILL RVOIR. USE *APPLI	OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A RVOIR. USE "APPLICATION FOR PERMIT" (101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name		
1. Typ	e of Well:		101 00/120.)	····				
WELL	well well well]	OTHER			Redhawk "32" State		
Z Rair	Mitchell Energy Corpor	ration			8. Well No2			
3. Add	Box 4000, The Woodla	nds, TX 77387			9. Pool name or V	Vildeat Cat		
4. Well	Location Unit Letter J	80	South	1:	000			
		Feet From The _	- Bouin	Line and	980 Feet From	TheEast	منا	
777777	Section 32	Township	19S R	ange 34E	NMPM Lea	Cou	intv	
		10. Elevat	ioa (Show whether 3661' GR	DF, RKB, RT, GR, etc.)			"	
11.	Check	Appropriate Box		Nature of Notice,	Report or Other	V/////////////////////////////////////		
	NOTICE OF IN	TENTION TO:			BSEQUENT R			
PERFOR	M REMEDIAL WORK	PLUG AND AB	ANDON [REMEDIAL WORK			۲	
TEMPOR	ARILY ABANDON	CHANGE PLAI	_			ALTERING CASING	L	
	ALTER CASING	01211132 7 01	,,	COMMENCE DRILLIN		PLUG AND ABANDONMEN	IT L	
OTHER:	, LETE TO NOTE OF		CASING TEST AND C					
					etion attempt		_ X	
12. Descri work)	The Proposed or Completed Opera SEE RULE 1103.	tioas (Clearty state all p	ersineni delails, an	d give pertinent dates, inc	luding estimated date of	starting any proposed		
/5/94	MIRU PU. ND tree. I	POOH w/tbg & pkr	r.					
8/94	Set CIBP @ 12,180' and to 9700'.	capped w/30' cmt	. Perf Bone S	pring 2 SPF from 97	758-65' (15 shots).	RIH w/RTTS, & 2 7/8	3" tb	
9/94	Acidize zone w/1000 ga	ls 15% NeFe. Sw	abbed back 81	BW.				
10-16/94	Swabbed 1 BO & 16 BV	V. Fluid entry 300	1'/2 hrs SD I	DMO DII Dranara	10 D P- 4			
		I fala chiry 500	772 III3. 3D F	CDMO FO. Prepare	OPAA.			
I hereby ce	rtify that the information above is true	and complete to the heat of	my broadedee and b					
SIGNATURE	1	un	, and wanted and b	Engin	eer	2/17/94		
TYPE OR PR	Jim Blou	ınt	<u></u>	E		_ PATE(915)682-	-539	
						TELETHONE NO.	=	
(thm space	for State Use)			Orig. Sign Paul Ka	ed by	gage i efti	าเ	
APPROVED	BY		mu	~ 1.4	in Cal	MAK 2 1 19	ታ	

CONDITIONS OF APPROVAL, IF ANY: