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Submit 3 Copies To Appropriate District Office		e of New M			Form C-103
District I	Energy, Mine	rals and Nat	ural Resources	WELL API NO.	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II				WELL API NO.	30-025-32196
1301 W. Grand Ave., Artesia, NM 88210			N DIVISION	5. Indicate Type	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410		outh St. Fra		STATE	🗌 FEE 🖂
District IV	Sant	a Fe, NM 8	/505	6. State Oil &	Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505					
	CES AND REPORT			7. Lease Name	or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA					
PROPOSALS.)		·		Record	
1. Type of Well: Oil Well ⊠ Gas Well □ C	Other				
	nergy, Inc.			8. Well No. #4	
3. Address of Operator	6446 M. H. 1			9. Pool name or	
P.O. Box 4. Well Location	Pearl – San	Andres			
4. Wen Eocation					
Unit Letter <u>N_: 76</u>	<u>60</u> feet from the	<u>South</u>	line and208	80feet fron	n the <u>West</u> line
Section 26	Townshi	p 19-S	Range 35-E	NMPM	County Lea
		L	R, RKB, RT, GR, et		
		99' GR			
	ppropriate Box to	o Indicate N		-	
PERFORM REMEDIAL WORK	PLUG AND ABANI	DON []	REMEDIAL WOF		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR		PLUG AND 🛛 🖂 ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ND	
OTHER:			1		
12. Describe proposed or completed	operations. (Clearl	v sta Approv	ved as to Pluggin	ng of the Well B	Sore. $\frac{-1}{20}$
12. Describe proposed or completed operations. (Clearly sta Approved as to Plugging of the Well Bore. starting any proposed work). SEE RULE 1103. For Mul Liability under bond is retained until					
recompilation. Surface restoration is completed.					
11/04/02 Notified OCD, Gary Wink	<. Moved plugging	g equipment	to location, no wo	ork on well.	
11/05/05 Contracted OCD Sulvia D					
11/05/05 Contacted OCD, Sylvia D	ickey. NU BOP.	RIM W/ WORK	string. SDFN.		v;
11/06/02 Contacted OCD, Sylvia D	ickey. Tagged RE	3P @ 5,048'.	Circulated hole v	w/ mud and pump	ed 50 sx C cmt 5,048 -
4,553'. WOC and tagged cmt @ 4	,547'. Pumped 2	5 sx C cmt 2,	508 - 2,261'. Pu	mped 25 sx C cm	it 1,206 ⁽ - 950'. ND BOP
and pumped 50 sx C cmt 444' to si	ufface. POOH w/	tbg. RDMO			
11/22/02 Cut off wellhead and inst	alled dryhole mar	ker. Cut off a	anchors, leveled r	oit and cellar.	
			· · · · ·		
I hereby certify that the information ab	ove is true and con	nlete to the h	est of my knowledge	re and helief	
		ipiete to the o	est of my knowledg	ge and benef.	
SIGNATURE M	A		Engineer		DATE <u>11/27/02</u>
Type or print name James F.	Newman, P.E.	Triple N 9	Services, Inc.	Tal	ephone No. 915-687-1994
(This space for State use)		- GAIGINAL		•••••••••••••••••••••••••••••••••••••••	·····
•		OC FIF W. W	SIGNED BY		$= \frac{1}{2} \left[\frac{1}{2} - \frac{1}{2} - \frac{1}{2} - \frac{1}{2} \right] \left[\frac{1}{2} - \frac{1}{2} - \frac{1}{2} - \frac{1}{2} \right]$
APPPROVED BY Conditions of approval, if any:			-+ 1x4,31-1.		DATE
v orkunvus vi approvar. If any.				STAR	
				- AFF MANACE	J

	APPPROVED BY
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	Conditions of approval, if any:
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