Submit 3 Copies to Appropriate District Office

State of New Mexico Energy "inerals and Natural Resources Department

Form C-103 Revised 1-1-89 l

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

ELL API NO. 30 -025 -32470	
Indicate Type of Lease	

DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 DISTRICT III		50 -005 -324 10		
		5. Indicate Type of Lease		
		STATE FEE 🗵		
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS				
(DO NOT USE THIS FORM FOR PROP	POSALS TO DRILL OH TO DEEP VOIR. USE "APPLICATION FOR		7. Lease Name or Unit Agreement Name	
I .	01) FOR SUCH PROPOSALS.)	r Craviii	SHRINER 13	
1. Type of Well:				
OIL X WELL GAS	OTHER			
2. Name of Operator	1 10 0		8. Well No.	
	OG COMPANY			
3. Address of Operator	Davide T. 70	20-	9. Pool name or Wildcat	
P.O. BOX 823085 4. Well Location	, DALLAS, IX 1S	<u> </u>	SOUTH HUMBLE CITY STRAWN	
SHL/ Unit Letter D/C: 60%	O Feet From The NON7	H Line and/	Soo Feet From The WEST Line	
BHL			Total Total Trace	
Section 13	Township 175 10. Elevation (Show whether	Range 37E	NMPM LEA County	
			V/////////////////////////////////////	
	3731'	GR	<i>\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
11. Check A	ppropriate Box to Indicat	e Nature of Notice, Re	eport, or Other Data	
NOTICE OF INTE			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	-		
	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING			CASING TEST AND CEMENT JOB	
OTHER:		OTHER: EXTENS	ION REQUEST X	
 Describe Proposed or Completed Operation work) SEE RULE 1103. 	ons (Clearly state all pertinent details	, and give pertinent dates, includ	ling estimated date of starting any proposed	
, 0.2 1.0				
5				
KEDUESTING AN	EXTENSION FAM	m THE DDIGIO	VAL APPLICATION APPROVED	
, ,	270, 250	M THE ORIGINA	AC APPLICATION APPLIONES	
ON 4/4/94.				
0/0 1/1/14.				
I hereby certify that the information above is true as	nd complete to the best of my knowledge	and belief.		
SIGNATURE F. SIMILY	inch pert	MER OF DRC	G: PAON 10/14/94	
SIGNATURE - C		IIILE		
TYPE OR PRINT NAME E - SCOTI	IMBROUGH		TELEPHONE NO. 397-4186	
(This space for State Use) ORIG!NA	AL SIGNED BY			
GA	RY WINK		OCT 1 4 1994	
APPROVED BY	LD REP II	mte	DATE	

OCT 1 4 1994

OFFICE