OTHER:

State of New Mexico

to Appropriate District Office	Energy nerals and Natural Resources Department		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			30-025-32747
DISTRICT III			5. Indicate Type of Lease STATE FEE FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. E-7824-1
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			
DIFFERENT RESERVOIR. USE *APPLICATION FOR PERMIT* (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL WELL	OTHER		Chukae State
2. Name of Operator			8. Well No.
3. Address of Operator	2, INC		9. Pool name or Wildcat
Po Box 1799	i MIDLAND TX	79702	QUAIL RIDGE BONE Speller
			1/) Feet From The FAST Line
Section 11			
	10. Elevation (Show whether	ange 34 L N DF, RKB, RT, GR, etc.)	IMPM LEV4 County
		7 GR	
11. Check A	Appropriate Box to Indicate	Nature of Notice, Re	port, or Other Data
NOTICE OF INT	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. X PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEN	MENT JOB X
OTHER:		OTHER:	
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	tions (Clearly state all pertinent details, a	nd give pertinent dates, includi	ng estimated date of starting any proposed
,			LEC 1:45 p.m. 11/30/94.
2) DRILL 3	surpacu Hole to	ilelezi KB.	
3) Run Gu	LIDE 340E, 1 ,t 9-3/2	3" 36# J-55 5	TC, FLOAT COLLAR, AND
3 le jts	5 9-5/8" 36# 1-55	STC. SET	@ 1657,42 KB,
4) CIEC 1-1	Yz C66 VOL + Cmt	SURF CSG	ω 1150 5x C1 'c' ω 5%
602,2		no Fouower	BY 300 SX C1 'C' W 20/2
	Nu wellters + Bo		
I hereby certify that the information above is true	and complete to the heat of one beautiful.	hali af	
///////////////////////////////////////	and complete to the best of my knowledge and	Della.	

I hereby certify that the information above is SIGNATURE DAMATIONS MANAGEDATE_ TYPE OR PRINT NAME TELEPHONE NO. 915 - 685 - 500, HUTT SEXTON

(This space for State Use)

Fig. 4309

APTROVED BY-

- TITLE -

- DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

ner n.7 1994

OFFICE