DISTRICTI	88240	P.O. Box 2		30-025-0	
O. Drawer DD, Artesia, NI	G F M Marine 97504 2088			5. Indicate Type of Lease STATE K FEE	
NSTRICTIII ((X) Rio Brans Rd., Anec,	NM 87410			6. State Oil & Gas Lease E-5886	No.
LOG MOT HEE THIS EO	RM FOR PROPOS	S AND REPORTS ON W SALS TO DRILL OR TO DEER R. USE "APPLICATION FOR) FOR SUCH PROPOSALS.)	SEM OH SEDG BYCK TO Y	7. Lease Name or Unit /	Agreenkut Nank
. Type of Well: OIL WELL	Well: Onex TA-Oil Well Onex			West Pearl Queen Unit	
Name of Operator				8. Well No.	
	gy, Inc.			9. Pool name or Wildca	(
3. Address of Operator	_		. my 70016	Pearl Queen	
4. Well Location		te. 210 San Antor	110, TX /8216 198		
	32	Township 19S	Range 35E	NMPM L	ea County
Section		10. Elevation (Show who	ether DF. RKB, RT. GR. etc.) 3720' GL		
	Check Ap	propriate Box to Indic	ate Nature of Notice, I	Report, or Other Da	ita .
II.	CE OF INTE	NTION TO:	SUI	BSEQUENT REP	ORT OF:
PERFORM REMEDIAL W		PLUG AND ABANDON	REMEDIAL WORK		TERING CASING
TEMPORARILY ABANDO		CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. PLL	JG AND ABANDONMENT 🔯
PULL OR ALTER CASIN			CASING TEST AND	CEMENT JOB	
OTHER:			OTHER:	<u> </u>	
work) SEE RULE 110	03.		ails, and give pertinent dates, inc		
c t	on top of Ca cement down through lead cement plug	IBP. Spotted 25 4 1/2" casing th k at 186' back to inside 4 1/2" ca ound level and we	ate hole with mud sack cement plug a rough casing leak surface between sing from surface lded on cap and m	at 1900'. Pump at 186'. Circ 4 1/2" and 8 5/ down to 186'.	ed 198 sacks ulated cement 8" casing. Left Cut off casing
			154		
	ogmzioù poove is ave	and complete to the best of my knowl	edge and bodied.		06/01/04
	ognzioù pove is pue i	and complete to the best of my knowl	edge end bedied. nnusOperations	Manager	DATE 06/01/94
I hereby certify that the info	# Shuf	and complete to the best of my knowl Graef	edge and bodied Operations	Manager	_ DATE <u>06/01/94</u> TELETKONE NO. (210) 308-80
I hereby certify that the info	# Shuf		OIL & GAS		

TEO COLUMN

OFFICE