Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

OIL	CONSERVATION DIVISION			
D O D 2000				

P.O. Box 2088

WELL API NO. 30-025-31337	
5. Indicate Type of Lease STATE	FEE X

DISTRICT II Santa Fe, New Mexico 87504-2088	
DISTRICT II Santa Fe, New Mexico 8/504-2088 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK T DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	O A 7. Lease Name or Unit Agreement Name
I. Type of Well: OIL GAS WELL X WELL OTHER	Merit- Record 35
2. Name of Operator	8. Well No.
Amtex Energy, Inc.	
3. Address of Operator	9. Pool name or Wildcat
P. O. Box 3418, Midland, TX 79702	South Pearl (Wolfcamp)
4. Well Location	
Unit Letter P: 990 Feet From The South Line and	990 Feet From The East Line
Section 35 Township 19S Range 35E	NMPM Lea County
Section 10. Elevation (Show whether DF, RKB, RT, GR, et	(c.)
//////////////////////////////////////	<u> </u>
11. Check Appropriate Box to Indicate Nature of Notice	ce, Report, or Other Data
	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOF	RK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR	RILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST A	ND CEMENT JOB
OTHER: OTHER:	status Report [
The state of the s	including estimated date of starting any proposed

12. Describe Proposed or Completed Operations (Clearly state all pertinent work) SEE RULE 1103.

Please be advised this well is currently carried in your files for wells intended for plug and abandonment (P&A). Please remove this well from pending P&A status. Amtex Energy, Inc. will re-enter this shut-in well and attempt to establish commercial production.

I hereby certify that the information above is true, and complete to the best of my knowledge and belief.	
I hereby certify that the information above is true and complete to the best of my knowledge and bester. Signature	DATE 4/23/93
TYPE OR PRINT NAME William J. Savage	(915) TELEPHONE NO. 686-0847
(This space for State Use) Orig. Signed by Paul Kautz	APR 26 199

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY -