1				New Mexic				Form C-103		
Submi	t 3 Copies	Energ	g inerals and N	atural Res	ources Department			Revised 1-1-89		
to Appropriate							WELL APL NO	WELL API NO.		
District Office OIL CONSERVATION DIVISION										
DISTRICT I P.O. Box 1980, Hobbs, NM 88240							30-025-31594			
DISTRICT II Santa Fe, New Mexico 87504-2008							5. Indicate Typ	c of Lease		
P.O. Drawer DD, Artesia, NM 88210								STATE FEE X		
DISTR	ICT III						6. State Oil & C	Jas Lease No.		
1000 R	lo Brazos Rd., Azt	ec, NM 87410								
1. Type of OIL WE 2. Name of ARCC	OT USE THIS FO DIFFER  Well:  LL X f Operator  O OIL and GAS	RM FOR PRIENT RESER (FORM ( GAS WEI	VOIR. USE *APPL C-101) FOR SUCH	LL OR DEE	PEN OR PLUG BACK	TO A	7. Lease Name Selman  8. Well No. 1  9. Pool Name of Wildcat	or Unit Agreement Name		
4. Well Lo	ocaztion	<del> </del>			· · · · · · · · · · · · · · · · · · ·					
	Unit Letter	<u>G</u> : <u>1</u>	980 Feet From TI	ne <u>North</u>	Line and	1980	Feet from The	East Line		
	Section 1	8	Township 1	.9 <b>S</b> F	lange 39E	NMPM	Lea	County		
			10. Elevat	ion (Show I	whether DF, RKB, RT,	GR, etc.)	<del> </del>			
			3501			ļ				
11.		Cl	neck Appropriate	Box To Ir	ndicate Nature of Not	ice, Report	, or Other Data			
	NOTI	CE OF IN	TENTION TO:			SHRS	EQUENT RI	EDORT OF:		
DEDECIDI	M REMEDIAL WO		PLUG AND ABANI	<del>г—</del>	DEMEDIAL WORK	CODO				
		··· ==			REMEDIAL WORK			RING CASING		
	ARILY ABANDON	<b>│</b>	CHANGE PLANS		COMMENCE DRILLI	NG OPNS.	L PLUG	AND ABANDONMENT X		
PULL OR	ALTER CASING				CASING TEST AND	CEMENT J	ов []			
(Other)					(Other)					
12. Describ	be Proposed or com SBE RULE 1103.	pleted Operati	ion(Clearly state allp	irtinent date	s, including estimated dat	e of starting	any proposed	· · · · · · · · · · · · · · · · · · ·		
	,									
Verbal P&A'd	approval of P& l as follows on 6	A procedure -22-92:	w/Paul Kautz 6-	17-92.						
Plug	Interval	<u>Cmt</u>	<u>Remarks</u>							
1 2	2783-2883 0-563	10 sx 70 sx	CIBP set at 28 Displaced hole		ped 10 sx "C" cmt on LF.	top.				
Cut of	f csg 3' below G	L & installe	ed dry hole marke	г.						
	•		•							
18 hereby	certify that the inf	ormation abo	ve is true and comp	lete to the b	est of my knowledge as	nd belief	· · · · · · · · · · · · · · · · · · ·			
SIGNATURE Ken au Losnell					TITLE Regulator	y Coordin	ator DAT	8-25-92		
TYPE OF	R PRINT NAME	Ken W. Go	snell				TELEPHONE	(915) 688-5672		
(This	space for State He	-1						<u> </u>		
/11119	OPIGINIA	CHENT!	Y BECRY SEXTON	i						
	<b>5</b> 07.		- 1515 4 원래 (1) - 1515 4 원래 (1)					JAN - 8 1993		
CONDITIONS	Y FOR APPROVAL, IF	ANY:			TITLE			DATE		