	Senia fe file	
Submit 3 Copies to Appropriate District Office	BL M	
	Land Office	
	E of M	
	Operator	
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State of New Mexico

Form	C-1	œ
Revise	ed 1	-1-89

District Office 601 M	tural Resources Department	Revised 1-1-89
CRICT1 Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.
	exico 87504-2088	30-025-31006
DISTRICT III		5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS O		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO D DIFFERENT RESERVOIR. USE "APPLICATION F (FORM C-101) FOR SUCH PROPOSAL	OR PERMIT	7. Lease Name or Unit Agreement Name
1. Type of Well: Oli St. OAS		
WILL X WELL OTHER 2. Name of Operator		House 8. Well No.
Seay Exploration, Inc.		8. Well No.
3. Address of Operator		9. Pool name or Wildcat
407 N. Big Spring, Suite 200, Midland, T	exas 79701	House Drinkard & ABO
Unit Letter D: 330 Feet From The N	orth Line and 33	Feet From The West Line
Section 13 Township 20S	Range 38E	NMPM Lea County
10. Elevation (Show	whether DF, RKB, RT, GR, etc.)	
3561 GL		
11. Check Appropriate Box to Ind NOTICE OF INTENTION TO:		•
NOTICE OF INTENTION TO:	506	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND C	EMENT JOB X
OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent of work) SEE RULE 1103.	details, and give pertinent dates, incl.	uding estimated date of starting any proposed
10-31-90: Ran production string. Ran 1 Bottom 1626 ft. of casing 11. 10.5 lb/ft., new casing. Ceme 2% gel. Plug bumped and floa	6 lb/ft., upper 6124 nted with 800 sx Pox	ft. of casing mix (Base H) cement,
I hereby certify that the information above in true and confidents the best of my know signature Type or print name Ann E. Ritchie	wiedge and belief. TITUE Agent	DATE 11-2-90 (915) TELEPIKNE NO. 684-6381
(This space for State Use) Orig. Paul		
Lik aux		
ATROVED BY	mle	DATE

CONDITIONS OF APPROVAL, IF ANY: