Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.	
District II				5-03533
811 South First, Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505			STATE X	
1220 S. St. Francis Dr., Santa Fe, NM 87505		1505	6. State Oil & C ES - 189	Gas Lease No.
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.) 1. Type of Well:			7. Lease Name or Unit Agreement Name: Gulf State	
Oil Well X Gas Well Other				
2. Name of Operator Estate of G. P. Sims			8. Well No. 1	
3. Address of Operator			9. Pool name of	r Wildcat
Box 1046, Eunice, NM 88231 4. Well Location			San Simon	Yates North Assoc
Unit Letter_K	1980 feet from the South	line and	1980 feet from	n the <u>West</u> line
Section 33				
Section 33 Township 21S Range 35 E NMPM County Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 10 Elevation (Show whether DR, RKB, RT, GR, etc.) 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
		REMEDIAL WORK		ALTERING CASING
	CHANGE PLANS			PLUG AND
		CASING TEST AN CEMENT JOB		
OTHER:		OTHER:		
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.				
A cast iron bridge plug will be set at 3703' to test for T/A.				
				• 2014
THE COMMISSION MUST BE NOTIFIED 21 Hours prior to the profining of Plugging of Erations for the C-103 To be approved.				
I hereby certify that the information al	pove is true and complete to the l	pest of my knowledg	e and belief.	,,,
SIGNATURE Cline Fines TITLE Personal Representative DATE 10-29-01				
Type or print name Aline Sims Telephone No. (505) 394-3357				
(This space for State use)				
APPPROVED BY	TITLE	ORIGINAL SIGN	ED BY	DATE NOV 0 6 2001
Conditions of approval, if any:		GARY W. W TURAL SCIENCE M	INK	