Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

| District Office | OIL CONSERVATION DIVISION P.O. Box 2088 | | | | | | | |
|---|---|----------------------------|-----------------------------|----------------------------------|----------|--|-------------------------------|-----------|
| DISTRICT I | | | Santa Fe, N | ew Mexico 87504-2 | 088 | | | |
| P.O. Box 1986 | 0, Hobbs, NM 88240 | | | | | | | |
| P.O. Drawer D | Od, Artesia, NM 88210 |) | | | | API NO. (assign 30-025-2 | ned by OCD on New Wei 9779 | ia) |
| DISTRICT III | <u>l</u> zoe Rd., Aztec, Nm 874 | 410 | | | | 6. Indicate Ty | rps of Lasse STATE X | FEE |
| | | | | | | 6. State Oil 6 | & Gas Lease No. | |
| Г | ·· | SUNDRY NOTIC | ES AND REPOR | TS 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" | | | | | | 7. Lesse Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT | | |
| | | (FORM C-101) F | FOR SUCH PROPOSA | ALS.) | | | | |
| 1. Type of V | Well: | GAS | | | | | | |
| OIL WELL | X | WELL | OTHER | | | ľ | | |
| 2. Name of 0 | | | | | | 8. Well No. | 403 | |
| 3. Address of Operator | | | | | | 9. Pool name or Wildcat | | |
| P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON | | | | | | EUNICE MONUMENT/GB/SA | | |
| 4. Well Locat Unit Letter | tion | K : | 1930 Feet From T | rhe SOUTH | Line and | 20 | 80 Feet From The | WEST Line |
| Section | 16 | | Township | 215 | Range | 36E | | EA Count |
| | | | 10. Elevati | ion(Show whether DF, RKB, RT, GI | R, etc.) | | | |
| | | | | 3615' | | | | |
| 11 | | | te Box to Indecate N | lature of Notice, Report, or O | | | | |
| | | NTENTION TO: | | | UENT RE | PORT OF: | | |
| PERFORM RE | MEDIAL WORK | PLUG AND ABAND | ON H | REMEDIAL WORK | _ | | ALTER CASING | |
| | | | 1 1 | COMMENCE DRILLING OPNS. | . 1 | 1 | PLUG AND ABAN, | |
| TEMPORARIL | Y ABANDON | CHANGE PLANS | ليا | 1 | <u> </u> | = | | |
| TEMPORARIL | ER CASING | | . — | CASING TEST AND CMT JOB | |] | | r=== |
| | ER CASING | CHANGE PLANS POLYMER TREAT | · | CASING TEST AND CMT JOB | | <u> </u> | | X |
| PULL OR ALT | ISOLATION F | POLYMER TREAT | | OTHER: | | 1 | | X |
| PULL OR ALTOOTHER: | ISOLATION F | POLYMER TREAT | e all pertinent details, en | | | <u> </u> | | X |

and complete to the best of my knowledge and belief. I hereby certify that the **TECH. ASSISTANT** DATE: 11/21/95 SIGNITURE WENDI KINGSTON (915)687-7826 TYPE OR PRINT NAME TELEPHONE NO. ORIGINAL SIGNED BY JERRY SEXTON UES 13 VEN DISTRICY I SUPERVISOR TITLE DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY: