. OF UPIES RECEIVED	~~.	** /	
DISTRIBUTION			Form C-103 Supersedes Old
NTAFE	NEW MEXICO OIL C	ONSERVATION COMMISSION	C-102 and C-103
E			Effective 1-1-65
.G.S.			5a. Indicate Type of Lease
ND OFFICE			State Fee X
ERATOR			5. State Oil & Gas Lease No.
SUNDRY N	NOTICES AND REPORTS		- Annonna - Annon - An
(DO NOT USE THIS FORM FOR PROPOSA USE "APPLICATION F	ALS TO DRILL OR TO DEEPEN OR PI	ON WELLS LUG BACK TO A DIFFERENT RESERVOIR. R SUCH PROPOSALS.)	///////////////////////////////////////
	······		7. Unit Agreement Name
WELL CAS	OTHER-		
ame of Operator			8. Farm or Lease Name
Zia Energy, Inc.			Brunson
ddress of Operator			9. Well No.
P.O. Box 2219, Hobt	bs, N.M. 88240		a
ocation of Well			10 Field and Pool or Wildow
J 2310) So	uth LINE AND 2310 FEET F	Penrose-Skelly

East	4 2	2-S RANGE 37-E NM	
LINE, SECTION	TOWNSHIP	RANGE JI-L NM	
	15, Elevation (Show whe	ther DF, RT, GR, etc.)	12. County
	3440' G		Lea
Charle Arr			
	ropriate Box To Indicat	e Nature of Notice, Report or	
NOTICE OF INTE	NTION TO:	SUBSEQUE	INT REPORT OF:
····· I	,		
FORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
PORARILY ABANDON	1	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
)THER	ı	OTHER	
Jescribe Proposed or Completed Operati	ions (Clearly state all pertinent	details, and give pertinent dates, includ	ing estimated date of starting any proposed
····, ····			
Rig up Frontier Pe	troleum. Pull	tubing. TIH with pac	cker to test 5½" casir
POH with packer.		-	
Install BOP. RU D	resser Atlas to	perforate 52" csg. 1	from 3769' to 3788'.
RD Dresser Atlas.			
		_	
RIH with bridge pl	ug and packer ar	nd stimulate perforat	ted interval as
required by hole c	onditions.		
Place well on prod	uction and test.	•	
hereby certify that the information above	e is true and complete to the be	est of my knowledge and belief.	
moner	on	Engineer	12/18/85
	TITLE		DATE 12/10/05
OPICINAL MANNE			
ORIGINAL SIGNED BY	JERRY SEXTON		DEC 1 9 1985
VED BY DISTRICT SUP	TITLE	· · · · · · · · · · · · · · · · · · ·	DATE DATE DATE DATE DATE DATE DATE DATE
ITIONS OF APPROVAL, IF ANY;			

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