Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

Diseries Office

OIL CONSERVATION DIVISION

District Office	OIL CONSENTA			
	P.O. Box			
DISTRICT I	Santa Fe, New	Mexico 87504-2088		
P.O. Box 1980, Hobbs, NM 8	8240			
DISTRICT II			API NO. (assigned by OCD on New Wells)	
P.O. Drawer Dd, Artesia, NM 88210			30-025-10096	
DISTRICT III			6. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, P	im 87410		STATE FI	EX
			6. State Oil & Gas Lease No.	
			N/A	
	CUMBRY NOTICES AND BEDOD	TO ONLYMET LO		
	SUNDRY NOTICES AND REPOR			
(DO NOT US	E THIS FORM FOR PROPOSALS TO DRILL (DIFFERENT RESERVOIR. USE *APPLICA		ARROWHEAD GRAYBURG	INIT
			Alliowich dia bone	51411
	(FORM C-101) FOR SUCH PROPOSA	ALS.)	i .	
1. Type of Well:	GAS		2.	
OIL	WELL OTHER WATER	INT		
WELL	WELL OTHER WATER		O MAN NO	
2. Name of Operator	LLI C A INC	Lizin	B. Well No. 214	
	U.S.A. INC.			
3. Address of Operator	DIAND TV 70702 ATTN BUTA DI	ICE	8. Pool name or Wildcat ARROWHEAD/GB	
	DLAND, TX 79702 ATTN: NITA RI	ICE	JANNOWNEAD/GB	
4. Well Location Unit Letter	O : 660 Feet From The	SOUTH Line and	1980 Feet From The EAS	ST Line
Section		22 SOUTH Range	37E NMPM LEA	County
Section		Show whether DF, RKB, RT, GR, etc.		
		3426' GL		
<u> </u>	Check Appropriate Box to Indecate N		er Data	
NOTICE (F INTENTION TO:	SUBSEQUENT		
		EMEDIAL WORK	ALTER CASING	
PERFORM REMEDIAL WORK		 	₹	\vdash
TEMPORARILY ABANDON		OMMENCE DRILLING OPNS.	PLUG AND ABAN.	Ш
PULL OR ALTER CASING	[9	ASING TEST AND CMT JOB	J	_
OTHER:		THER: DEEPEN, ADD PI	ERFS & ACDZ	X
		CONVERT TO	INJ	
12. Describe Proposed or C	ompleted Operations(Clearly state all pertinent details	s, and give pertinent dates, including		
esticated date of starting	any proposed work) SEE RULE 1103.			
WORK ST	rarted 2/23/94. MIRU PU, ND W	'H, NU BOP. TAG CMT (93710'. DRILL TO 3828'.	
RUN GR/	CCL/SPECTRAL LITHODENSITY/CA	ALIPER LOG. GIH W/FLO.	AT SHOE AT 3832'.	
	E HOLE W/FW, MIX & PUMP 150			
	T @2710'. DRILL TO 3832'. PERF			
	RFS W/2 BBLS ACID PER SET OF		ND BOP, NO WH.	
RD PU, T	URN OVER TO PRODUCTION 03/0)9/94. /		
		- 1		

I hereby certify that the infor	mation above is true and complete to the best of my	r knowledge and belief.		
SIGNITURE) OM	TITLE	TECH. ASSISTANT	DATE: 03/29/94	
-/-	William			
TYPE OR PRINT NAME	WENDI KINGSTON		TELEPHONE NO. (915)687-7436	3
		NAL SIGNED BY JERRY		
	ORIGI		MAD 94 4	101
APPROVED BY	TITLE	DISTRICT I SUPERVISO	R DATE MAR 31 %	777

CONDITIONS OF APPROVAL, IF ANY: