Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, . finerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

OIL CONSERVATION DIVISION

WELL API NO.

P.O. BOX 1980, MOODS, MM 88240	RICT II Santa Fe, New Mexico 87504-2088			30-025-10321 5. Indicate Type of Lease STATE X FEE		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210						
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & G		FEE
				В	-3480	77777777
SUNDRY NOTICES						
(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.)				7. Lease Name or Unit Agreement Name		
1. Type of Well:				Cole State		
WELL X WELL OTHER					·	
2. Name of Operator Zia Energy, Inc.				8. Well No.		
3. Address of Operator				9. Pool name or		
P. O. Box 2219, Hobbs, NM 88241				Penrose-Skelly Grayburg		
Unit Letter A : 660 F	eet From The North		Line and66	Feet From	m The <u>East</u>	Line
Section 16	ownship 22 South	Ran	ge 37 East	NMPM L	ea	County
	10. Elevation (Show w	hether L	OF, RKB, RT, GR, etc.)		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
	///		405' GR		<i>X</i> ////////////////////////////////////	
	-	cate N	lature of Notice, Re	-		
NOTICE OF INTENTION TO:				SEQUENT F	REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASIN	G _
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABAN	DONMENT _
PULL OR ALTER CASING CASING TEST AND CE			MENT JOB			
OTHER:			OTHER:	··		
12. Describe Proposed or Completed Operations (0 work) SEE RULE 1103.	Clearly state all pertinent de	tails, and	l give pertinent dates, includ	ling estimated date	of starting any proposi	ıd
1. Rig up pulling unit.	Pull rods and	pump	Tag fill wit	h tubing a	nd pull out	of hole.
2. Rig up reverse circul			_	_	-	
3. Deepen through the Gi		-				
4. Log and test as neces	-					
5. Possibly set a 5½" 1	•	to t	otal denth.			
6. Perforate and stimula			ocar depen.			
7. Place on production (to test.					
I hereby certify that the information above is true and co		xige and b				
SIGNATURE TAVUS	Jelson	тп.	Engineer		DATE 10/28	793
TYPEORPRINTNAME Farris Nelson	1	·	505-393-29	937	TELEPHONE NO.	
(This space for State Use)	D BY JERRY SEXTON	,				
	SUPERVISOR				NOV 0	1993
APPROVED BY		— ml	Е		DATE	