Submit 3 Copies to Appropriate District Office

State of New Mexico Ener Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	IL CONSERVATI 310 Old Santa Fe Tra Santa Fe, New Me	il, Room 206	WELL API NO. 30-025-10500 5. Indicate Type of Lease STATE 6. State Oil & Gas Lease No.	FEE X
DIFFERENT RESERVOIL (FORM C-101)	S AND REPORTS ON WE SALS TO DRILL OR TO DEEPE R. USE "APPLICATION FOR PE FOR SUCH PROPOSALS.)	NOR PILIC BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well: Oil GAS WELL GAS WELL GAS WELL GAS WELL GAS	OTHER Disp	osal	Christmas	
148431 Gold Star SWD I	td. Co.		8. Well No.	
9. Address of Operator P.O. Box 1480 Eunice, N	I.M. 88231		9. Pool name or Wildcat Swd San Andres	
	Feet From TheN	Line and2310) E Feet From TheE	Line
Section 28	Township 22S R. 10. Elevation (Show whether	ange 37E DF, RKB, RT, GR, etc.)	IMPM Lea	County
11. Check Appn	oprioto Pou to Indiana	AT		
NOTICE OF INTENT	opriate Box to Indicate I		port, or Other Data SEQUENT REPORT OF:	
DEDECORA DEMEDIA AMON	PLUG AND ABANDON	REMEDIAL WORK		
TEMPORARIE VARANCON	CHANGE PLANS		ALTERING CASING	X
PULL OR ALTER CASING	JIANGE F DANS	COMMENCE DRILLING C	TO THE REAL PROPERTY OF THE PERTY OF THE PER	ENT 📋
OTHER:		CASING TEST AND CEM	ENTJOB 🔀	
		OTHER: Swd 606		\square
 Describe Proposed or Completed Operations (C work) SEE RULE 1103. 	Clearty state all pertinent details, a	nd give pertinent dates, includ	ing estimated date of starting any proposed	
3302'. Set 7" ro head.	craper and bit. Ru etrieveable bridge	n 5" Halliburton plug. Cut off 7	bridge plug set at " casing and lower	
	ol,collar,l jt. 5", ut off 5" well head	, ground level.	(5' 3")	
Pump 320 sx cemer 13" in cellar.	nt 2% calcium chlor	ide 1/4# flocele	down 8 5/8 circulate	
7-10&11-96 WOC				
7-12-96 Drill out cement. 7-13-96 Run 5" bit and so tubing. Set at 3 Held OK. Chart a	craper. Run 5" Bak 3820'. Test tubing	er lockset packe 1200#. Test cas	r and fiberglass ing 30 min. 450#	
I hereby certify that the information above is true and comple	to to the best of my knowledge and belief			
SIGNATURE LOYE	mercell m	Member	DATE 7-17-	96
TYPE OR PRINT NAME ROYCE Crowell		π	ELEPHONE NO. 505-394-2504	
GARY	SIGNED BY		1UI 99 1006	
APPROVED BY FIELD CONDITIONS OF APPROVAL IF ANY:	REP II mue			

