Office Office		f New Me			Form C-103
District I	Energy, Mineral	s and Natu	ıral Resources	SUPEL LABINO	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II				WELL API NO	
11 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION			30-025-22897 5. Indicate Type of Lease		
District III 1220 South St. Francis Dr.					
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505			STATE FEE 6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505				6. State On &	Gas Lease No.
SUNDRY NOTICES AND REPORTS 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" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other				7. Lease Name or Unit Agreement Name: Vivian Gulf	
2. Name of Operator				8. Well No.	
Estate of G. P. Sims					
3. Address of Operator Box 1046, Eunice, NM 88231				9. Pool name or Wildcat Santa Rosa	
4. Well Location				Dairea it	034
_		N7 .	.1 1	000	t
Unit Letter C:	665 feet from the	Nort	h line and 1	880 feet fro	om the <u>West</u> line
Section 30	Township	22 Ra	38E	NMPM	County Lea
	10. Elevation (Show				County 200
	3336 GR			•	
	propriate Box to Ir	ndicate Na	1	_	
				SEQUENT RE	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	И	REMEDIAL WOR	K [ALTERING CASING
TEMPORARILY ABANDON XX	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AI CEMENT JOB	ND	AGANDONVIEN
OTHER:			OTHER:		
12. Describe proposed or complet	ed operations. (Clear	ly state all	pertinent details, an	nd give pertinent dat	tes, including estimated date
of starting any proposed work). or recompilation.					
Α	cast iron bri	dge nlu	o will he se	t at 662' to	test for T/A
••	case from Str	age pra	g will be se	L AL 002 LO	test for I/A.
	THE COM	MOISSIN	MUST BE NOTE	FIED 24	
	FUUKS M	HOR IO	THE REGIONN	ici nv	Section 1
	TO AE AN	- Detrail	ONS FOR THE	C463	÷ .
	746 ATL 2489	REMASO!			
I hereby certify that the information	above is true and comp	lete to the	best of my knowled	lge and belief.	
CICNATION Minn	Sim 1	grant = 1	Domos 1 D		D. (77)
SIGNATURE CHIME	rina	TTTLE_	Personal Rep	<u>resentative</u>	DATE10-29-01
Type or print name Aline Sims				Tele	phone No. (505) 394-33
(This space for State use)					<u> </u>
			ODIOINIALO	CNED DV	MONE A P
APPROVED BY		TITLE	ORIGINAL SI		dateNOV_06
Conditions of approval, if any:		4.1	GARY W.	WINK	