Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-09526	
5. Indicate Type of Lease STATE	FEE X

	STATE FEE A		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	6. State Oil & Gas Lease No. D102436		
SUNDRY NOTICES AND REPORTS ON WELLS			
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name		
1. Type of Well:	J. L. Coates		
OIL X GAS OTHER			
2. Name of Operator Tenison Oil Company	8. Weii No.		
3. Address of Operator	9. Pool name or Wildcat JALMAT		
8140 Walnut Hill Lane, #601, Dallas, TX. 75231	Tansill-Yates-7 Rivers		
4. Well Location			
Unit Letter D: 660 Feet From The North Line and 66	O Feet From The West Line		
Section 10 Township 24S Range 36E	NMPM Lea County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice	, Report, or Other Data		
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
	CASING TEST AND CEMENT JOB		
OTHER: Est. start 4/1/93 OTHER: OTHER:			

- 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.
  - 1. Set a cast iron bridge plug at 3436'.
  - 2. Perforate the 5-1/2" casing in selected intervals from 3,287' to 3,420'.
  - 3. Acidize the perforations between 3,287' and 3,420'. Test and if necessary, frac.
  - 4. Test well and place on production.

I hereby cerufy that the information above is true and complete to the best of my knowledge signature  Type or print name  Bruce C. Macke	ge ænd belief. ππ.ε Operations Manager	DATE3/12/93 TELEPHONE NO. 214-363-5005
(This space for State Use) ORIGINAL SECULOS BY JERRY SEXTON BIGGRAPH OF LIST FROVISOR APPROVED BY CONDITIONS OF APPROVAL IF ANY:	_ mue	DATE