Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103		
District I	Energy, Minerals and Natural Resources			Revised March 25, 1999 WELL API NO.		
1625 N. French Dr., Hobbs, NM 87240 District II				30-025-10745		
II South First, Artesia; NM 87210 OIL CONSERVATION DIVISION				5. Indicate Type of Lease		
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 South Pacheco South Fe, NM 87505				STATE I FEE		
District IV				6. State Oil & Gas Lease No.		
2040 South Pacheco, Santa Fe, NM 87505				E - 4 9 5 8  7. Lease Name or Unit Agreement Name:		
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:				KELLY STATE		
Oil Well Gas Well Other				8. Well No.		$\dashv$
2. Name of Operator TK OPERATING (A JOINT VENTURE)				# 4		
3. Address of Operator 505/393-2727				9. Pool name or Wildcat		
C/O OTI, REPORTS & GAS SERVICES, INC., W. BROADWAY, HOBBS, NM 88240 4. Well Location				LANGLIE MATT	IX SR-QU-GB	-
Unit Letter N	: 660 feet from the	SOU	TH line and	1980 feet from	n the <u>WEST</u> line	3
Section 16	Township 2	3S Ra	nge 37E	NMPM LEA	County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)						
11. Check Appropriate Box to Indicate Nature of Notice, Report					Data	
	NTENTION TO:			SEQUENT RE		
PERFORM REMEDIAL WORK [	I PLUG AND ABANDON		REMEDIAL WOR	RK X	ALTERING CASING	
TEMPORARILY ABANDON [	☐ CHANGE PLANS		COMMENCE DR	RILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING [	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	AND		
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.						
•						
03/04/0	l Replace rods	& tbg	. Placed	on prod10	0% wtr.	
•						
					•	
I hereby certify that the information	tion above is true and compl	ete to the	best of my knowle	edge and belief.		_
Thereby certify that the information						
SIGNATURE Days	Heard	_TITLE_	Agent		DATE 04/05/	
Type or print name Gaye H	eard	······································		Tele	phone No. 505-393	-2121 <del></del>
(This space for State use)						
APPPROVED BY		_TITLE_	<del></del>		DATE	
Conditions of approval, if any:			- 100 (100 (100 ft 100	A Commence of the Commence of		

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