Submit 3 Copies to Appropriate District Office

## State of New Mexico Ener Minerals and Natural Resources Department

DATE -

Form	C-	103	3
Revise	d i	1-1	89

Diana Orice							-
DISTRICT I P.O. Box 1980, Hobbs, NM 8	18240	OIL CONSERV			WELL API NO.		
DISTRICT II Santa Fe, New Mexico 87503			30-025-25	285			
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type	of Lease	<u></u>		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & C	STATE State No.	FEE		
STINI	DEV NOTIC	ES AND REPORTS O	NI VA/EI	16	B - 1484		
(DO NOT USE THIS FOR	M FOR PROP ENT RESERV	COSALS TO DRILL OR TO D OIR. USE "APPLICATION I D1) FOR SUCH PROPOSAL	EEPEN FOR PE	OR PLUG BACK TO A	7. Lease Name	or Unit Agreement Nan	//////////////////////////////////////
1. Type of Well:	GAS ===				-		
WELL WELL X OTHER			Cooper S	tate			
2. Name of Operator  Gruy Petroleum N	Managemen	t Co			8. Well No.	1	
3. Address of Operator	idilageinen				9. Pool name or	Wildcat	
P. O. Box 140907	, Irving, Te	xas 75014-0907			Jalmat: Sev		
4. Well Location  Unit Letter N	660		s	,	000	141	
Unit Letter	_ :	Feet From The		Line and	980 Feet Fro	m TheW	Line
Section	2	Township 24S	Ra	ange 36E	NMPM	Lea	County
		10. Elevation (Show	whether	DF, RKB, RT, GR, etc.)			
		////		AT		<u> </u>	
11.		propriate Box to Ind	licate I	<u> </u>	-		
NOTICE	NOTICE OF INTENTION TO:				SEQUENT	REPORT OF:	
PERFORM REMEDIAL WORK	· 🖂	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	· 🗆
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING				CASING TEST AND CEMENT JOB			
OTHER:				OTHER:			
12. Describe Proposed or Comp	pleted Operation	ns (Clearly state all pertinent	details, d	Ind give pertinent dates, incl	uding estimated date	e of starting any propos	red
work) SEE RULE 1103.							
		r queen interval. If Qu			ridge plug and	reperforate and s	timulate the
currently producing	Seven Riv	ers along with addition	al pay	in the Yates.			
I hereby certify that the information	shows and	confidence to the best of any language		li <del>u</del> f			
MIL.	7	A THE PART OF THE PROPERTY OF	ige and oc		na Administrs	40/00	V07
SIGNATURE	mmu	u	m	Manger Operation	is Administrati	on DATE 10/29	1191
TYPE OR PRINT NAME J.	D. Highsmi	th			TELEPHONE NO.	(972) 401-3111	
(This space for State Use)	GINAL SIGN DISTRIC	IED BY CHRIS WILLIAM OT I SUPERVISOR	RN			2.5	

- TITLE -

APPROVED BY ...