Submit 3 Copies To Appropriate District	State of New M			Form C-103
Office District I	Energy, Minerals and Nati	iral Resources	NITT ADINO	Revised March 25, 1999
625 N. French Dr., Hobbs, NM 87240			WELL API NO.	
District II	OIL CONSERVATION DIVISION		30-025-25399 5. Indicate Type of Lease	
11 South First, Artesia, NM 87210 District III 2040 South Pacheco				
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			STATE x	FEE L
District IV 2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Gas Lease No. B-1484	
SUNDRY NOTIC	ES AND REPORTS ON WE	IIS	7. Lease Name or Unit	Agreement Name:
(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			Citgo IM 574/e	
PROPOSALS.)			Citgo LM 3/4/6	
1. Type of Well: Oil Well Gas Well X Other				
2. Name of Operator			8. Well No.	
Gruy Petroleum Management Co.			1	
3. Address of Operator			9. Pool name or Wildcat	
P.O. Box 140907			Langlie Mattix	
4. Well Location				
Unit LetterM:	330 feet from the Sc	outh line and	330 feet from the	e West line
Section 36	Township 23S	Range 36E		ounty Lea
	10. Elevation (Show whether		c.)	
	/	329' GR		\$
11. Check A	Appropriate Box to Indicate	Nature of Notice,	Report, or Other Dat	a
NOTICE OF INT		SUB	SEQUENT REPO	RT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		LTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL		LUG AND
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB	—	
OTUED.		OTHER:		
OTHER:		<u></u>		din a setiment of data
12. Describe Proposed or Complete of starting any proposed work). or recompilation.	of Operations (Clearly state all) SEE RULE 1103. For Multiple	pertinent details, and give Completions: Attach	wellbore diagram of pro	posed completion
		of monage mains	tmonia (12 7 mm s	1 6 veild) Cleaned
Repaired bad casing from out 4 1/2" casing to a P squeeze job to 500 psi a	BTD of 3686'. (Existing)	perfs are from 336	0' to 3600'). Test	ed casing after
-		and monart narrar f	iled	
This work was done by pr	evious operator in 1997 a	and report never I	ireu.	
			in the	il.
			Elisa E	Party.
				1. 12 m
I hereby certify that the information above	is true and complete to the best of	my knowledge and belief	£.	
1000	FINIAL ALIA	•		
SIGNATURE WON U	landy TIT	E Sr. Regulatory	Analysta DAT	TE3-7-2003
Type or print name Don Aldridge			Telephone N	No. 469-420-2728
(This space for State use)	CRIGINAL		A • •	_
(spans)	CARY W. V	VINK	MA MA	R 1 9 2003
APPROVED BYConditions of approval, if any:	OC FIEL केर्ना	FIRESENTATIVE II/S	IATT MANAGER DATE	
4.4				