State of New Mexico En , Minerals and Natural Resources Departmer

Form C-103 Revised 1-1-89

OH CONCEDUATION DIVICION חופוטורד ו

DISTRICT	TIII, LIINNHKVAII		The state of the s
P.O. Box 1980, Hobbs, NM 88240	310 Old Santa Fe Trail, Room 206		WELL API NO.
DISTRICT II Santa Fe. New Mexico		= -	30-025-25445
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III			5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & 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.)			7. Lease Name or Unit Agreement Name
1. Type of Well: Oil.	OTHER		Cooper, S. R. "A"
2. Name of Operator			8. Well No.
Gruy Petroleum Manageme 3. Address of Operator	ent Co.		2
P. O. Box 140907, Irving, T	exas 75014-0907		9. Pool name or Wildcat Jalmat: Seven Rivers
4. Well Location			Jaimat. Seven Rivers
Unit Letter O: 33	O Feet From The S	Line and 2	310 Feet From The E Line
Section 14		tange 36E	NMPM Lea County
	10. Elevation (Show whether	r DF, RKB, RT, GR, etc.)	
11. Check A	Annopriete Por to Indicate	Notice De	
NOTICE OF INTERIOR DE LA COMMUNICATION OF THE PARTY OF TH			
57	LITTON TO.	50B3	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 CEA	
OTHER:		OTHER:	
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertinent details,	and give pertinent dates, inclu	ding estimated date of starting any proposed
Set CIBP @ 3152' in an atter	mpt to minimize excessive wa	ter production Followi	ing tests and evaluation, possibly
recomplete in the Tansill and	d Yates formations.		ing tests and evaluation, possibly
	1	$h^{(i)}$	
	Jan	p. 13,141.	
I hereby certify that the information above it true an	id complete to the best of my knowledge and br	lief.	
SIGNATURE Mitiglismit	#	Manager Operation	s Administration DATE 12/08/97
TYPE OR PRINT NAME J. D. Highsm	nith		TELEFHONE NO. (972) 401-3111
	VAL SIGNED BY ABY WINK	P 1 8	148 62 1998
	ELD REP. II	TE	DATE
CONDITIONS OF APPROVAL. BE ANY:	10	U.	DAIE