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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

CONDITIONS OF AFFROVAL, IF ANY:

DISTRICT I	OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO.		
O. Box 1980, Hobbs, NM 88240	Santa Fe, New Mexico 87504-2088			30-005-30483		
DISTRICT II O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mic	UNIVO UI		5. Indicate Type of I	STATE FEE	区
DISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410				6. State Oil & Gas L		
				G-313726		
CHNDDV MOT	ICES AND REPORTS ON	WELL:	S			////
(DO NOT USE THIS FORM FOR PRO	OPOSALS TO DRILL OR TO DE EVOIR. USE "APPLICATION FI	OR PERM	111 600 5111	7. Lease Name or U		
(FORM C	-101) FOR SUCH PROPOSALS	S.)		R.R. Sims	TN	
. Type of Well: Oll GAS WELL X WELL	OTHER					
Name of Operator				8. Well No.		
				No. 1 9. Pool name or Wil	dcat	
Texaco Producing Inc. Address of Operator				1	e Ellenburger	
P.O. BOX 728 Hobbs	NM 88240			1 NOTTE TENSO	<u> </u>	
. Well Location	Feet From The South		Time and 230	8 Feet From T	he West	Line
Unit Letter N : 330	Feet From The		Line and			
	Township 23 South	Reno	e 37 Fast	NMPM	Lea Co	unty
Section 4	10wasnip 63 364 A	whether D	F, RKB, RT, GR, etc.)		//////////////////////////////////////	////
	1///// 2317'00			}		
Chaple	Appropriate Box to Ind	licate N	ature of Notice, R	eport, or Other I	Data	
11. Check	TONTION TO		SUB	SEQUENT RE	PORT OF:	
NOTICE OF IN			REMEDIAL WORK		ALTERING CASING	
ERFORM REMEDIAL WORK	PLUG AND ABANDON				PLUG AND ABANDONME	ENT
EMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING		ILUG AND ABANDONME	
PULL OR ALTER CASING			CASING TEST AND C	EMENT JOB L		г
)THER:			OTHER:			
JIHER.			aine partinent dates inch	ding estimated date of	starting any proposed	
12. Describe Proposed or Completed Open work) SEE RULE 1103.	rations (Clearly state all pertinent a	delaus, ana	give periment dates, and			
Spud 173" hole of	11:30 a.m. 11/24/	88.				
,						
I hereby certify that the information above is t	and complete to the best of my know	wledge and b	elia.			no))
I hereby certify that the information above is t	The and complete to the seed of the		AREA SUPERIN	ITENDENT	DATE JAN 2 4 1	
SIGNATURE TO THE SIGNATURE		mil.	E		CA C	ه د د د د ه
TYPE OR PRINT NAME / K. L.	Johnson				TELEPHONE NO. 505-	317-6
					IAN O	1000
(This space for State Use)	Orig. Signed b.	J			JAN 2 5	roci (
	Geologist				DATE	
APPROVED BY		m	£			

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JAN 34 1999

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