Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	OTT CONCERNATION										
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS			WELL API NO. 30-625-33633 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.								
						(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 Un Tres Equis Sta	-	
						1. Type of Well: OIL GAS WELL X WELL	OTHER				
						2. Name of Operator			8. Well No.		
Parker & Parsley Development	L.P.		9. Pool name or Wile	deat							
3. Address of Operator P.O. Box 3178, Midland, TX	79702		Iriple X V	La cort Bone S	brin						
4. Well Location Unit Letter J: 1980	Feet From The Sout	th Line and 19	980 Feet From T	The East	Line						
Section 6	Township 24S	Range 33E Thether DF, RKB, RT, GR, et	NMPM	Lea Cor	ounty						
	10. Elevation (Show w	3633' GL									
11. Check Ap	propriate Box to Indica	ate Nature of Notice	, Report, or Otl	her Data							
	ITENTION TO:	Į.	BSEQUENT P								
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ AI	LTERING CASING							
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	g OPNS. 🔲 PL	LUG AND ABANDONMEN	т 🗆						
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB								
OTHER: Rework	x	OTHER:									
12. Describe Proposed or Completed Ope work) SEE RULE 1103.	rations (Clearly state all pertinen	at details, and give pertinent d	ates, including estimate	d date of starting any prop	posed						
1. Set CIBP @ 10,400'											
2. Perforate 1st Bone S	pring 10,124'-10,161'										
3. Acidize w/3000 gals											
4. Fracture stimulate											
5. Place on pump.											
I hereby certify that the information above is to	rue and complete to the best of my know	wledge and helief.									
SIGNATURE Lance	Dadd	TITLE Proration Anal	yst	_ DATE5/13/97							
TYPE OR PRINT NAME Jeanie Dodd			TE	LEPHONE NO. 915/571-3	3937						
(This space for State Use) Orig. Signed by Paul Kautz				NAY 8	7 190						
Geologiet		THIE		DATE							