Subnr. 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energ inerals and Natural Resources Department

Form C-103

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	OIL CONSERVATIO 310 Old Santa Fe Trail Santa Fe, New Mexic	Room 206	WELL API NO. 30-025-34408 5. Indicate Type of Lease STATE FEE 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.) 1. Type of Well:		162683 7. Lease Name or Unit Agreement Name Rhodes State	
OIL GAS WELL 2. Name of Operator	OTHER	_	
Gruy Petroleum Management 3. Address of Operator P. O. Box 140907, Irving TX 7.			8. Well No. 6 9. Pool name or Wildcat
4. Well Location Unit Letter N : 330' Section 16	Feet From The South	Line and 2310' ge 37E N F, RKB, RT, GR, etc.)	Feet From The West Line MPM Lea County
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
*ULLOHALIER CASING			TO THE REAL PROPERTY LAND AND ADDRESS OF THE PERTY NAMED AND ADDRESS OF THE PERTY NAME
OTHER:	r—, İ	CASING TEST AND CEME OTHER:	· · · - ·
	conductor pipe w/ Ready Mix. 3:00 PM MDT 07-03-98.	give pertinent dates, includi	ing estimated date of starting any proposed
07/05/98 Drilled to 774' KB. Ra w/ 275 sx 'C' w/ 4% ge w/ 2% CaCl & 0.25 ppg	n 18 jts 8-5/8" ST/C J-55 24# (l, 2% CaCl & 0.25 pps celloflal celloflake (14.8 ppg & 1.32 cf	ke (13.6 ppg & 1.71 c /sk.) Plugged down (cf/sk). Tailed w/ 200 sy 'C'
07/11/98 Drilled to 3850' TD. Ra 6% gel, 0.25 ppg cellofl w/ 0.6% FLAC (D127), Plugged down @ 1:30	ake & .2% defoamer (12.8 #/g 1.5% CaCl & 0.2% defoamer (PM MDT 07-11-98	al, 1.94 cf/ft, 10.5 gal	850 sx 35/65 Poz/C w/ 5% salt, l/sk.) Tailed w/ 350 sx 'C' x, 6.27 gal/sk).
I hereby certify that the information above is true and con	replete to the best of my knowledge and belief.		
TYPE OR PRINT NAME Zeno Farris	mre M	Manager Operations A	Administration DATE July 29, 1998
This space for State Use)	Y CHRIS WILLIAMS	TE	LEPHONE NO. 972-401-3111
ORIGINAL SIGNED DISTRICT IS	UPERVISOR TIME		&

- TILE -

- DATE -



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