Section       25       Township       25S       Range       37E       NMPM       LEA       County         10. Elevation (Show whether DF, RKB, RT, GR, etc.)       10. Elevation (Show whether DF, RKB, RT, GR, etc.)       3073' KB 3059' GL       11.       Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data         11.       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         TEMPORARILY ABANDON       CHANGE PLANS       COMMENCE DRILLING OPNS.       PLUG AND ABANDONMENT         PULL OR ALTER CASING       CASING TEST AND CEMENT JOB       PLUG AND ABANDONMENT	• • •		~				
Discrete State       2040 Pacheco St.         Santa Fe, NM 87505       Santa Fe, NM 87505         PO Dower DD, Artesis, NM 8210       Santa Fe, NM 87505         DSTRECT III       Indicate Type of Lower St.         DO NOR W DD, Artesis, NM 8210       Santa Fe, NM 87505         DSTRECT III       Indicate Type of Lower St.         DSTRECT III       SUNDRY NOTICES AND REPORTS ON WELLS         (DO NOT USE THIS FORM FOR PROPOSALS DO BREPORTS ON WELLS       SUNDRY NOTICES AND REPORTS ON WELLS         (DO NOT USE THIS FORM FOR PROPOSALS)       SUNT USE THE COMPORE AND REPORTS ON WELLS         1. Type of Well:       With C       OTHER X         2. Name of Operative       8. Well No.         2. Name of Operative       8. Well No.         2. Name of Operative       8. Well No.         2. Name of Operative       9. Pool name or Wildert         4. Well Location       9. Pool name or Wildert         9. Do N 1059 Furnice, IM 88231       JUSTIS BLINERRY TUBB DRKD         10. Unit Letter, G       2150 Feet From The       Name and 2450         11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data       3073 * K8 3059 ° gl.         11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data       SUBSEQUENT REPORT OF:         12. Describe Proposed or Completed OperationaChearit state all	to Appropriate						
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District Tail       6. State Oil & Gas Lease No.         SUNDERY NOTICES AND REPORTS ON WELLS       7. Lasse Name of Unit Agreement Name         (DO NOT USE THIS FORM FOR PROPORALS TO NOT PERMIT (FORM 100) FOR SUCH PROPOSALS.       7. Lasse Name of Unit Agreement Name         1. Type of Welt       CAS         WELL       OTHER X         2. Name of Operator       8. Well No.         2.0. Box 1089 Function, NM 88231       9. Pool name or Wildent         3. Address of Operator       9. Pool name or Wildent         2.0. Box 1089 Function, NM 88231       3073' KB 3059' GL         4. Well Location       25         2.0. Box 1089 Function, NM 88231       3073' KB 3059' GL         2.11.       Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTERTION TO:         2.11.       Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTERNITION TO:         2.20. Box 7.200 And Bandon I       PEMEDIAL WORK       Altrening CASING         2.21. Docation Pressure Test       Completed Annoa Bandon Science Difficult Agreement Addition Science Test       Science Test         2.22. Science Test       Completed Operation Gleenty state all pertinent details, and give pertinent detate, including estimated date of starting any provide SEE ULE 1003.       PLUG AND ABANDON Pressure Test         2.21. Science Test       Completed Operation Accordance with NMOCD Di					5. Indicate Type of Lease		
1000 Rio Brazes Rd. Azec. NM 5710       6. State Cill. & Cas. Lease No.         SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE HIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (ROM ALL CONFOR SUCH PROPOSALS)         1. Type of Well: Well L       0. East Not Cill Agreement Name         2. Name of Operator       8. Well No.         2. Name of Operator       9. Food name or Wildest         3. Address of Operator       9. Food name or Wildest         3. Address of Operator       9. Food name or Wildest         3. Address of Operator       9. Food name or Wildest         4. Well Decimal       2150         3. Compatible       255         26. Torgeting       255         27. Torgeting       255         3073 ' KB 3059' GL       11.         Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:         SUBSEQUENT REPORT OF:         REMEDIAL WORK         ALTER CASING         Compatible Depation Clearly state all pertinent datas, and give pertinent dates, including estimated date of starting any proveous of completed Operation4Clearly state all pertinent datas, and give pertinent dates, including estimated date of starting any proveous of completed Operation4Clearly state all pertinent dates, and give pertinent dates, including estinuted date of starting any proveous of 0500° P	DISTRICT III						
(DO NOT USE THIS FORM FOR PROPOSALS TO ORILL OR TO BEEPEN OR PUEG BACK TOA DIFFERENT RESERVORE, USE APPLICATION FOR PERMITTY <ul> <li>Lase Name of Unit Agreement Name SOUTH JUSTIS UNIT G</li> <li>Ling of Weil Weill Greater</li> <li>Regel Composed State Compose</li></ul>				6. State OII & Gas Lease No.			
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P.O. Box 1099       Funce, MM 88231       JUSTIS BLINEBRY TUBB DRKD         4. Well Location Unit Letter       G       2150       Feet From The       Line and       2450       Feet From The       E       Line         10.       Elevation (Show whether DF, RKB, KT, GR, etc.)       3073' KB 3059' GL       III.       Check A ppropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         ERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK       ALTERING CASING         ULL OR ALTER CASING       CHANGE PLANS       COMMENCE DRILLING OPNS.       PLUG AND ABANDON         ULL OR ALTER CASING       CHANGE PLANS       OTHER: Pressure Test.       PLUG AND ABANDONMENT         ULL OR ALTER CASING       OTHER: Pressure Test.       PLUG AND ABANDONMENT         12.       Describe Proposed or Completed Operations/Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proverok SEE RULE 1103.         TD:       6050' PBD:       6003' PERFS: 5092-5950' 4-1/2' CSG SET @ 6050'       01/13/00: Pressure test to 520#, held 30 mins. OK. Chart attached.       H         Pressure test conducted in accordance with NMOCD Division Order No. R-9747 to reinstate authority to inject.       msta Administrative Assistant       DATE _01/20/00         Thereby certify that the information abore is true and complete to the best of my knowledge and belief.<	-						
Unit Letter_G       2150       Feet From The	<u> 2.0. Box 1089 Eunice, NM E</u>	8231				<u>RKD</u>	
10.       Elevation (Show whether DF, RKB, RT, GR, etc.) 3073 'KB 3059' GL         11.       Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:         ERFORM REMEDIAL WORK       PLUG AND ABANDON         REMFORM REMEDIAL WORK       PLUG AND ABANDON         CASING       COMMENCE DRILLING OPNS.         PLUG AND ABANDON       CHANGE PLANS         COMMENCE DRILLING OPNS.       PLUG AND ABANDONMENT         CASING TEST AND CEMENT JOB       DITHER:         DTHER:       OTHER: Pressure Test         12.       Describe Proposed or Completed Operation&Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any prowork SE BULE 1103.         TD:       6050'       PBD:       6003'       PERFS:       5092-5950'       4-1/2" CSG SET @ 6050'         01/13/00:       Pressure test to 520#, held 30 mins.       OK. Chart attached.       MT         Pressure test conducted in accordance with NMOCD Division Order No. R-9747 to reinstate authority to inject.       Thereby certify that the information above is type and complete to the best of my knowledge and belief.         SIGNATURE       Murrish       THEP KONE NO. STORE NO.       DATE       01/20/00         Thereby certify that the information above is type and complete to the best of my knowledge and belief.       SIGNATURE       01/20/00         SIG	4. Well Location Unit LetterG:2150	Feet From The N	Line and 245	50 Feet Fr	om The	ELine	
10 <sup>°</sup> Elevation (Show whether DF, RKB, RT, GR, etc.)         3073'       KB 3059'         11.       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         PLUG AND ABANDON         REMEDIAL WORK         ALTERING CASING         COMMENCE DRILLING OPNS.         PLUG AND ABANDON         CHANGE PLANS         COMMENCE DRILLING OPNS.         PLUG AND ABANDONMENT         CASING TEST AND CEMENT JOB         OTHER: Pressure Iest         OTHER: Pressure Iest         OTHER: Pressure Iest         OTHER: Pressure Iest         OTHER: Proposed or Completed OperationsClearly state all pertinent details, and give pertinent dates, including estimated date of starting any prowork SEE RULE 1103.         OTHER: Pressure Iest         OLI 1000' PBD: 6003' PERFS: 5092-5950' 4-1/2" CSG SET @ 6050'         OLI 1013/00: Pressure test to 520#, held 30 mins. OK. Chart attached.         Pressure test conducted in accordance	Section 25				LEA	County	
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work) SEERULE 1103.         TD: 6050' PBD: 6003' PERFS: 5092-5950' 4-1/2" CSG SET @ 6050'         01/13/00: Pressure test to 520#, held 30 mins. OK. Chart attached.         Pressure test conducted in accordance with NMOCD Division Order No. R-9747 to reinstate authority to inject.         Thereby certify that the information above is true and complete to the best of my knowledge and belief.         SIGNATURE	EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING CASING TEST AND CE OTHER: <u>Pressure</u>		PLUG AND AE		
SIGNATURE Active Assistant DATE 01/20/00 TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649 (This space for State Use) ORIGINAL SIGNAD BY CONTRACT VIRIS	work) SEERULE 1103. TD: 6050' PBD: 6003' 01/13/00: Pressure test Pressure test conducted	PERFS: 5092-5950' 4-1/2 to 520#, held 30 mins. O in accordance with NMOCD D	" CSG SET @ 6050' K. Chart attached	fr	estimated date o	f starting any prop	
JAN 2 8 200	SIGNATURE ALLE AND TYPE OR PRINT NAME Kellie D. Mur	Munish		Assistant	TELEPHONE NO.	<u>505-394-1649</u>	
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