Submit 3 Copies to Appropriate District Office

DISTRICT I
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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
AUG 22 '89
O. C. D.

Form C-103
Revised 1-1-89

c/SF

WELL API NO. 1

5. Indicate Type of Lease ~~STATE~~ FEE ☐

6. State Oil & Gas Lease No. N.M. 06767

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: Hackberry

1. Type of Well: OIL WELL ☑ GAS WELL ☐ OTHER D-A.

8. Well No. 1

2. Name of Operator: Julian Ard

9. Pool name or Wildcat: Wildcat Bone Spring

3. Address of Operator: 303 Main St. #302 Ft. Worth Tx. 76102

4. Well Location
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 25 Township 19-S Range 30-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3306 GR 3327 RKB

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 ☐	
OTHER: Re Hab Location (work Done) ☐		OTHER: Re Hab Location (work Done) ☐	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Remove all equipment
2. Clean Loc. of all Trash
3. Cover all Pits Return To Like Condt.
4. Sow Native grass seed Chisel Location.

Work Done

Post ID-2
8-25-89
P&A

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [signature] TITLE Prod. Supt. DATE 8-15-89

TYPE OR PRINT NAME G. E. Davis TELEPHONE NO. 915 [illegible]

(This space for State Use)

APPROVED BY Record Only TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: