Office Office	State of New Mexico		Form C-103
District I – (575) 393-6161	Energy, Minerals and Natu	ıral Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	N. French Dr., Hobbs, NM 88240 rict II – (575) 748-1283 S. First St., Artesia, NM 88210 rict III – (505) 334-6178 1220 South St. Francis Dr.		WELL API NO. 30-31-05266
811 S. First St., Artesia, NM 88210			5. Indicate Type of Lease
District III - (505) 334-6178			STATE FEE x
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 8	7505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			Fee
	ES AND REPORTS ON WELLS	3	7. Lease Name or Unit Agreement Name
(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.)			Farris
			8. Well Number 001
	Gas Well Other		
2. Name of Operator			9. OGRID Number
Farris Mines			10. Pool name or Wildcat
 Address of Operator 419 Palomino Lane, Bloomfield, NM 87413 505-632-8438 			Seven Lakes
4. Well Location			
	feet from the S 1	ine and 990	0' feet from the <u>E</u> line
Section 18	Township 18N	Range 10	
County	Township Tork	runge	W Mariney
	11. Elevation (Show whether DR	RKB, RT, GR, etc.	.)
	6540' GI		
12. Check Ap	opropriate Box to Indicate N	lature of Notice,	Report or Other Data
NOTICE OF INT	ENTION TO:	CLID	SEQUENT REPORT OF:
	PLUG AND ABANDON X	REMEDIAL WOR	
The state of the s	MULTIPLE COMPL	CASING/CEMEN	
DOWNHOLE COMMINGLE	MOLTH LE COMI L	ONOMOODEMEN	1 305
CLOSED-LOOP SYSTEM			
OTHER:		OTHER:	
	ted operations. (Clearly state all	SECURIOR PROBLEMS	nd give pertinent dates, including estimated date
of starting any proposed worl	k). SEE RULE 19.15.7.14 NMA	C. For Multiple Co	empletions: Attach wellbore diagram of
proposed completion or recor			
F M.	and all and another all and	C-11	
Farris Mines proposes to plug	and abandon the above well as	s follows:	
MO and RU. TOH with tubing ar	nd rods. Pressure test casing to 50	00#.	
Plug #1: Mix and pump 50 sxs a	nd fill casing from 390' to surfac	e. WOC. Top off a	as necessary.
Set P&A marker RD and MOI			a cel min to
Set Tex marker. RD and WOL.	wine circulation on or	iginal casing	or perform CBL prior to Notify NMOCD 24 hrs
# Provide information sho	and the	0	Notify NMOCD 24 hrs
cementing.			prior to beginning operations
			operations
A STATE OF THE STA			
Spud Date:	Rig Release D	ate:	
Spud Date.	Kig Kelease D	atc.	
I hereby certify that the information al	pove is true and complete to the h	est of my knowleds	ge and belief
Thereby certify and the information at	ove is the and complete to the c	rest of my knowledg	se tald belief.
	28:11	1	1-1
SIGNATURE Somue L.	Amen TITLE	anager	DATE /2/29/15
		0	
Type or print name Lyndell Smith			PHONE:
For State Use Only	DEPUT	Y DIL & GAS	INSPECTOR
APPROVED BY: Red Kell	TITLE	DISTRICT	#3 DATE 2/8/14
Conditions of Approval (if any):		The state of the s	
**			

XC