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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. 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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- P & A	7. Unit Agreement Name
2. Name of Operator Beard Oil Co. c/o C. C. Kennedy	8. Farm or Lease Name Fernandez
3. Address of Operator 1249 Chaco Ave., Farmington, New Mexico 87401	9. Well No. 3
4. Location of Well UNIT LETTER J , 2310 FEET FROM THE South LINE AND 3180 FEET FROM THE West LINE, SECTION 25 TOWNSHIP 14N RANGE 8W NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 7057 Gr.	12. County McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

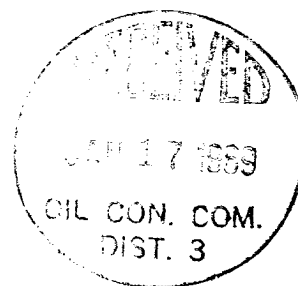
REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☒

OTHER ☐

17. 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.

As per verbal permission, E. Arnold on 1-9-1969 this well plug and abandon as follows:

Left $4\frac{1}{2}$ casing cemented in hole at 946',
Spot 14 sack cement plug 920 to TD 1070,
Erect standard 4 x 4 dry hole marker,
Location will be cleaned and pits covered in the next 60 days.



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

Original Signed By:

SIGNED **CLAUDE C. KENNEDY**

TITLE **Operating Agent**

DATE **1-15-1969**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: