Submit 3 Copies to Appropriate
District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C·103

DISTRICT I

OIL CONSERVATION DIVISION

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO		WELL API NO.
DISTRICT II	P.O. Box 208 Santa Fe, New Mexico		
P.O. Drawer DD, Artesia, NM 88210	Sallia Fe, New Mexico	87304-2088	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			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 RESE	RVOIR. USE "APPLICATION FOR PER 2-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL XX WELL	отнек		Santa Fe Railroad
2. Name of Operator American Explorat:	ion Company		8. Well No. 25
3. Address of Operator	Lon company		9. Pool name or Wildcat
700 Louisiana, Su:	ite 2100, Houston,	Texas 77002-2	1
	20 Feet From The North	Line and 26	00 Feet From The West Line
Section 7	Township 17N Ra	nge 8W	NMPM McKinley County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	
11. Check	Appropriate Box to Indicate 1	Nature of Notice, R	eport, or Other Data
NOTICE OF IN	TENTION TO:	SUB	SEQUENT 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 CE	EMENT JOB
OTHER:		OTHER:	
	ations (Clearly state all pertinent details, an pair Casing Leak	nd give pertinent dates, includ	ding estimated date of starting any proposed
1. MIRU WOR.			
2. POH w/tbg. δ	Baker AD-1 pkr., lo	cating leak a	as POH.
3. GIH w/RBP, se	t 100' below csg. 1	eak, dump san	nd on top of RBP.
4. Bullhead cmt. squeeze to repair csg. leak.			
5. Drill out cmt. & test leak to 1000 psi. JUN 3 1991			.U\
6. Retrieve RBP			OIL CON. DIV.
			/ DIST. 3
I hereby certify that the information above is tr	ue and complete to the best of my knowledge and	/ /	ta .
SKONATURE Marty B. M	cClanahán	Sr. Prod.	Analyst 5/30/91
TYPE OR PRINT NAME			TELEPHONE NO.
(This space for State Use)		Outprovide a -	1111 00 100
APPROVED BY Original Signed by F	RANK T. CHAVEZ	SUPERVISOR D	DISTRICT#3 JUN 0 3 199

TITLE