Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C·103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

5.	Indicate Type of	Lease STATE	FEE XX

WELL API NO.

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87	5. Indicate Type of Lease STATE FEE XX			
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 OF DIFFERENT RESERVOIR. USE "APPLICATION FOR PERM (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:	R PLUG BACK TO A 7. Lease Name or Unit Agreement Name			
OIL GAS WELL OTHER				
2. Name of Operator	8. Well No.			
American Exploration Company 3. Address of Operator	9. Pool name or Wildcat			
700 Louisiana, Suite 2100, Houston, Te				
Unit LetterF :1335 Feet From TheNorth	Line and 1325 Feet From The West Line			
	OV Norma Markin Love County			
Section 7 Township 17 N Range	e 8W NMPM McKinley County (, RKB, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Na	sture of Notice Papert or Other Data			
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:			
	REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB			
OTHER: [OTHER:			
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and goods) SEE RULE 1103. Repair Casing Leak	rive pertinent dates, including estimated date of starting any proposed			
1. MIRU WOR.				
2. POH w/tbg. & Baker AD-1 pkr., locating leak as POH.				
3. GIH w/RBP, set 100' below csg. leak, dump sand on top of RBP.				
4. Bullhead cmt. squeeze to repair csg. leak.				
5. Drill out cmt. & test leak to 1000 psi. JUN 31				
6. Retrieve RBP.	OIL CON. DIV.			
I hereby certify that the information above is true and complete to the best of my knowledge and be	lief.			
SIGNATURE Marty B. McClanahan fine	Sr. Prod. Analyst 5/30/91			
TYPE OR PRINT NAME	TELEPHONE NO.			
(This space for State Use)				

_ TITLE -

SUPERVISOR DISTRICT #3

DATE JUN 0 3 1991