SIATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION	1	Γ
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR	1	

OIL CONSERVATION DIVISION

Form C-103

DISTRIBUTION	P. O. BOX 2088	Revised 10-1-78	
SANTA FE	SANTA FE, NEW MEXICO 87501		
U.S.G.S.	1	5a. Indicate Type of Lease	
LAND OFFICE		State X Fee	
OPERATOR		5, State Oil 6 Gas Lease No.	
	J	E-290-3	
	NAME OF THE PROPERTY OF THE PARTY OF THE PAR	vinninininini v	
SUNDR	RY NOTICES AND REPORTS ON WELLS OPPOSALS TO DAILL OF TO DEEPEN OF PLUG BACK TO A DIFFERENT RESERVOIR.		
USE "APPLICAT	ION FOR PERMIT -" (FORM C-IDI) FOR SUCH PROPOSALS.)		
	•	7. Unit Agreement Name	
WELL SAS X	OTHER-		
Name of Operator		8. Form or Lease Hame	
El Paso Natural Gas	Company	Johnson State	
Address of Operator		9. Well No.	
	nator Novino 97401	#12	
P.U. BOX 289, Farmit Location of Well	ngton, New Mexico 87401	10. Field and Pool, or Wildcat	
	000		
UNIT LETTERM,	800 FEET FROM THE South LINE AND 890 FEET	FROM Basin Dakota	
•			
THE West LINE, SECTION	ON 36 TOWNSHIP 27-N RANGE 6W NI	MPM. (
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County	
	6744'DF	RA ()	
		Orber Dese	
Check A	Appropriate Box To Indicate Nature of Notice, Report or		
NOTICE OF IN	TENTION TO: SUBSEQU	ENT REPORT OF:	
	_ _		
PERFORM DEMEDIAL WORK X	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
EMPGRARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB		
	OTHER		
OTHER Temporary Repair			
OTHER TEMPOTALY REPAIR	- Casing near		
7 Describe Proposed or Completed Op	perations (Clearly state all pertinent details, and give pertinent dates, inclu	iding estimated date of starting any proposed	
work) SEE RULE 1103.			
The following wor	rk will be performed on the well to test for a	suspected casing	
failure:	1	-	
1) Pull tubir	ng from well		
2) Run and set cement retainer @ 7500'.3) Pressure test tubing and casing with water.			
4) Swab well	in and return to production.		
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	/ 01/	DIST. 3	
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<i>a</i>)			
agamored for	70 days from commencemental word	- ·	
* 11 1			
. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
	My State		
ENED Wongfac N.	Mussell Production Engineer	DATE July 30, 1982	
/			
ラハベ	SUPERVISOR DISTRICT # 3	JUL 3 0 19 82	
tal I Me	OWT TITLE	DATE DATE	
PROVED BY			
UNDITIONS OF APPROVAL, IF ANY:	\cdot U		