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

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobba, NM 88240

WELL API NO. P.O. Box 2088 30-04521859 5. Indicate Type of Lease

Santa Fe, New Mexico 87504-2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 STATE FEE 📙 DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. L 4640-1 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL T Chaco Plant WELL 2. Name of Operator 1. Well No. JEROME P. McHUGH #4 3. Address of Operator 9. Pool same or Wildcat P O BOX 809, Farmington, N.M. WAW Fruitland PC Well Location 710 Feet From The _ South West M Unit Letter Line and Feet From The Line 26N 12W San Juan Section Township Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6016' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OIL CON. DIV. P & A OTHER: OTHER:_ 12. 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. 6-21-91 Plugged and abandoned well as follows: Rigged up on 2-7/8" casing and pumped 2 bbls. water. Formation open. Pumped 42 sx of Class "B" cement to fill casing from TD to surface. (50 cu.ft.). Casing pressure was 100 psi before cementing. Pumped at SI at 8:30 am., 6-21-91, and allowed time to cure. 6-25-91 Cut off well head and surface casing 4' below ground level and installed dry hole marker. Plan to clean an restore location per instructions from surface management agency. I hereby certify that the information above is true and complete to the best of my knowledge and belief. mu Admin. Asst. SIONATURE Fran Perrin TELEPHONE NO. TYPE OR PRINT NAME

Original Signed by CHARLES GHULSON

DEPUTY OIL & GAS INSPECTOR, DIST. #3

JUL 16 1991

CONDITIONS OF APPROVAL, IF ANY:

(This space for State Use)

APPROVED BY-