Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

| Distinct Office | | |
|--|---------------------------------------|--|
| DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088 | | WELL API NO. |
| | | 30-045-07879 5. Indicate Type of Lease |
| DISTRICT III | | STATE FEE X |
| 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 DE DIFFERENT RESERVOIR. USE "APPLICATION FO (FORM C-101) FOR SUCH PROPOSALS. | R PERMIT" | 7. Lease Name or Unit Agreement Name |
| 1. Type of Well: OIL GAS WELL WELL X OTHER | | Black and Taylor |
| Name of Operator Helen Loraine Harvey | | 8. Well No. |
| 3. Address of Operator Box 2185, Santa Fe, NM 87504-2185 | | 9. Pool name or Wildcat Aztec Pictured Cliffs |
| 4. Well Location F 1650 North | 1650 | Feet From The West Line |
| Unit Letter : Feet From the | Line and | |
| Section 29 Township 29 N | Range 10 W | NMPM San Juan County |
| ////////////////////////////////////// | 12 GR | |
| 11. Check Appropriate Box to Indie | | |
| NOTICE OF INTENTION TO: | SUE | BSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON X CHANGE PLANS | COMMENCE DRILLIN | IG OPNS. PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | CASING TEST AND C | EMENT JOB |
| OTHER: | OTHER: | |
| 12. Describe Proposed or Completed Operations (Clearly state all pertinent de- | tails, and give pertinent dates, incl | luding estimated date of starting any proposed |
| work) SEE RULE 1103. | | |
| This well has not been afforded the opportu | nity to produce for | several months. |
| THIS WELL HAS HOT BEEN ALLOI GOD THE OPPOSE | , | |
| We request permission to Temporary Aband | on the well for a pe | eriod of up-to- |
| one-year. | | CEIVE |
| | A mad antions the co- | 11 |
| 1993: either perform a casing integrity tes OR, Plug and Abandon in a manner approved | st and return the wo | ation Division. DEC3 0 1992 |
| | | OIL CON. DIV |
| | TA EXPIRE | 10/25/95 DIST. 3 |
| I hereby certify that the information above is true and complete to the best of my knowle | odge and belief. | |
| SIONATURE AR DOUBLING | muz Agent | DATE 12/29/92 |
| TYPEORPRINTNAME A. R. Kendrick | | (505) 334-2555 TELEPHONE NO. |
| (This space for State Use) | | |
| • • • | | |

DEC 3 0 1992