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		WELL API NO. 30-045-25	5540	
DISTRICT II Santa Fe, New Mexi P.O. Drawer DD, Artesia, NM 88210			7504-2088	5. Indicate Type of	STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aziec, 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 RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL GA	s X	OTHER		Gale		
WELL WE 2. Name of Operator	WELL [V]			8. Well No.		
Helen Loraine Hedrick				9. Pool name or Wildcat		
3. Address of Operator Box 2185, Santa Fe, NM 87504-2185				Aztec Pictured Cliffs		
Box 2185, Santa	re, NM 8/304-218			•		
West Line and Feet From The Line and Feet From The Line						
24 Section	Township	9 N Raz	11 W	NMPM San J	uan County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5482 GR						
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK	PLUG AND A		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON X CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONME						
PULL OR ALTER CASING CASING TEST AND				EMENT JOB		
OTHER:			OTHER:			
12. Describe Proposed or Completed Operations (Clearly state all persinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. This well has not been afforded the opportunity to produce for several months.						
We request permiss one-year.	ion to Temporary	Abandon the	e well for a per	riod of up-to	<u>.</u>	
OR, Plug and Abandon in a manner approved by the Oil Conservation Division. DEC3 0 1992						
TA EXPIRED 12/30/93 OIL CON. DIV						
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIONATURE	Sendicel	π	nz Agent		DATE 12/29/92	
TYPE OR PRINT NAME A. R	. Kendrick				(505) 334-2555 TELEPHONÉ NO.	

DEPUTY ON & GAS INSPECTOR, DIST. #3 DATE EC 3 0 1992