NO. OF COPIES RECEIVED	_		Form C-103		
DISTRIBUTION				Supersedes Old C-102 and C-103	
SANTA FE	NEW MEXICO OIL CONS		Effective 1-1-65		
FILE	_				
U.S.G.S.	_			of Lease	
LAND OFFICE	4		State	Fee X	
OPERATOR	_		5. State Oil & Gas	; Lease No.	
				mmm	
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.)					
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)				7. Unit Agreement Name	
OIL GAS T					
WELL WELL OTHER- 2. Name of Operator				Gallegos Canyon Unit	
BHP Petroleum (America	s) Inc.				
3. Address of Operator				9. Well No.	
P.O. Box 3280, Casper, Wyoming 82602				349	
4. Location of Well				10. Field and Pool, or Wildcat	
UNIT LETTER O , 870 FEET FROM THE SOUTH LINE AND 1615 FEET FROM				W.C. Farmington	
THE PROMINE					
THE East LINE, SECTION 29 TOWNSHIP 29N RANGE 12W NMPM.					
		·			
	15. Elevation (Show whether		12. County		
	GR - 5414'; K.B.	- 5422	San Juan	VIIIIII	
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
	F==0				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERI	NG CASING	
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG A	ND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JQB			
		OTHER			
OTHER					
	perations (Clearly state all pertinent deta	ails, and give pertinent dates, inclu	ding estimated date of s	tarting any proposed	
work) SEE RULE 1503.					
Subsequent testing on the subject well indicates the cost to install a meter run is					
uneconomical. Therefore, it is proposed the well be plugged and abandoned as follows:					
 MI RUSU. ND wellhead. NU BOP. TIH w/tbg to 699'. Mix and pump 48 sx (56.6 ft³) Class "B" cement (sufficient cmt to completely fill hole). 					
TOOH.	(56.6 It ³) Class B cen	ment (surricient ant t	to completely i	iii noie).	
3. Top off well as necessary with Class 'B' cement.					
4. ND BOP. Cut off casinghead. Install dry hole marker.					
4. No bor. out our ca	shighead. Histail dry Noi	te marker.			
				provide .	
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	_		FEB 031986	السنا	
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		•	UIL CON. D	IV.	
			DIST. 3	,	
			_		
18. I hereby certify that the information	on above is true and complete to the best of	of my knowledge and belief.			
DIDAI	•				
SIGNED Dank Dentiste	O TITLE Pet	roleum Engineer	DATE1-3	0-86	
tam nerrostros		D 621	F		
Original Signed by I	FRAGK T CHAVEZ	SUPERVISOR DISTRICT 湯 3	FEB	- 3 1986	
APPROVED BY	TITLE		DATE		

CONDITIONS OF APPROVAL, IF ANY: