

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☐

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.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER SERVICE WELL

2. Name of Operator

GEORGE COLEMAN

3. Address of Operator

P.O. DRAWER 3337

4. Well Location

Unit Letter N : 1956 Feet From The WEST Line and 817 Feet From The SOUTH Line

Section 11

Township 29N

Range 13W

NMPM SAN JUAN

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

5321 BL

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

PROCEDURE:

1. Rig up Cementers, Inc.. Lower 1" to bottom of 4 1/2" Csg.
2. Mix and fill csg w/ class B cement from bottom to the top through 1".
3. Cut off wellhead 2 ft. below ground level. Install marker plate. Top off w/ cement before installing marker plate if needed.

RECEIVED
OCT 16 1998

OIL CON. DIV
DIST. 2

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Michael T. Hanson

TITLE Engineering

DATE Oct. 15, 1998

TYPE OR PRINT NAME

Michael T. Hanson

TELEPHONE NO.

(This space for State Use)

APPROVED BY

Charles L. ...

TITLE

DEPUTY OIL & GAS INSPECTOR, DIST. #3

DATE

OCT 16 1998

CONDITIONS OF APPROVAL, IF ANY: