

CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease  
State  Fee

3. 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. OIL WELL  GAS WELL  OTHER

2. Name of Operator  
HCW Exploration, Inc.

3. Address of Operator  
P.O. Box 10585, Midland, TS 79702

4. Location of Well  
UNIT LETTER I 1880 FEET FROM THE South LINE AND 660 FEET FROM  
THE East LINE, SECTION 30 TOWNSHIP 9-S RANGE 33-E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name  
Wright

9. Well No.  
1-Y

10. Field and Pool, or Wildcat  
Flying M - SA

11. Elevation (Show whether DF, RT, GR, etc.)  
GL 4375

12. County  
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER

ALTERING CASING

PLUG AND ABANDONMENT

17. 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.

- 1). Set CIBP @ 4250' & cap with 35' of cement.
- 2). Mix mud using 25# of salt gel per barrel of 10# brine.
- 3). RIH with tubing. Circulate hole bottoms up with mud.
- 4). PUH to 1500' and spot a 25 sack plug.
- 5). POH, cut off wellhead.
- 6). Spot a 10 sack surface plug.
- 7). Install dry hole marker.

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.

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

SIGNED JCB TITLE Agent DATE 8-28-86

APPROVED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE \_\_\_\_\_ DATE SEP 2 1986

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
SEP 2 1986  
C.C.P.  
HOBBS OFFICE