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U.S.G.S.

LAND OFFICE

OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease

State [X]　　　　Fee [ ]

5. State Oil & Gas Lease No.

B-163

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 [X]　　GAS WELL [ ]　　OTHER-

2. Name of Operator

B. N. Muncy, Jr.

3. Address of Operator

P. O. Box 196, Artesia, New Mexico 88210

4. Location of Well

UNIT LETTER ___G___ , ___1980___ FEET FROM THE ___North___ LINE AND ___1980___ FEET FROM

THE ___East___ LINE, SECTION ___2___ TOWNSHIP ___21 S___ RANGE ___33 E___ NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

Lea State

9. Well No.

4

10. Field and Pool, or Wildcat

Lynch (Y, SR)

15. Elevation *(Show whether DF, RT, GR, etc.)*

12. County

Lea

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

NOTICE OF INTENTION TO:　　　　　　　　　　SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK [ ]　　　PLUG AND ABANDON [ ]　　REMEDIAL WORK [ ]　　　ALTERING CASING [ ]

TEMPORARILY ABANDON [ ]　　　　　　　　　　　　COMMENCE DRILLING OPNS. [ ]　　PLUG AND ABANDONMENT [X]

PULL OR ALTER CASING [ ]　　　CHANGE PLANS [ ]　　CASING TEST AND CEMENT JOB [ ]

　　　　　　　　　　　　　　　　　　　　　　OTHER _____

OTHER _____ [ ]　　　　　　　　　　　　　　　　　　　　　　　　　　　　[ ]

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.

Loaded hole with 10# Brine plus 29 sacks salt water gel. Pumped 35 sacks Class C cement from 3350' to 3750' and tagged plug, pumped 30 sacks Class C cement from 1493' to 1920' and tagged plug. Perforated casing @ 560', set cement retainer and circulated both casing strings with 165 sacks Class C cement. Set dry hole marker, filled cellar and pits and cleaned up location. No casing pulled.

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

SIGNED _____　TITLE ___Operator___　DATE ___10/26/77___

APPROVED BY _____　TITLE _____　DATE ___NOV 7 1977___

CONDITIONS OF APPROVAL, IF ANY: