

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
91 DEC 23 AM 10 02

WELL API NO. _____

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B-4109

7. Lease Name or Unit Agreement Name
HOVER STATE

8. Well No.
17

9. Pool name or Wildcat
Maljamar Gryburg San Andres

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.)

Type of Well:
OIL WELL GAS WELL OTHER _____

Name of Operator
KERSEY AND COMPANY

Address of Operator
808 Grand, Artesia, NM 88210

Well Location
Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line

Section 32 Township 17S Range 32E NMPM LEA County

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

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
WELL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

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.

Due to casing problems, we have temporarily abandoned this well effective November 1, 1991. Will report later when remedial work is scheduled.

RECEIVED THE
OIL CONSERVATION DIVISION
DATE 12758 BY OCD
3/26/02

T.A. Approved for 6 mo

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

SIGNATURE James Kersey TITLE Operator/partner DATE 12-1-91

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY James Kersey TITLE DISTRICT I SUPERVISOR DATE DEC 19 1991

CONDITIONS OF APPROVAL, IF ANY: