

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

APR 19 1988
Form C-103
Revised 10-1-73

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DISTRIBUTION	
SANTA FE	
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee
5. 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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL *offshore*

2. Name of Operator: John A. Aday

3. Address of Operator: Rt. 1 Box A-28

4. Location of well
UNIT LETTER C 1980 FEET FROM THE West LINE AND 695 FEET FROM
THE North LINE, SECTION 12 TOWNSHIP 6N RANGE 6E N.M.P.M.

7. Unit Agreement Name: John A. Aday

8. Farm or Lease Name: D'Spain

9. Well No.: D'Spain # 2

10. Field and Pool, or Wildcat: Wildcat

11. Elevation (Show whether DF, RT, GR, etc.): 6646

12. County: Torrance

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING

TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT

PULL OR ALTER CASING OTHER CASING TEST AND CEMENT JOB

SUBSEQUENT REPORT OF:

7. 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.

I'll begin at 1280-85' and pump 40 sks. Cement thru 2 3/8" tubing to plug well. Hansford Drilling Mountainair, N.M. will do this work. Mr. Hansford has a drilling job will take about a week. My truck is in shop for some repair will get started about apr. 26. Mr. D'Spain wants well for a water well will pull casing and turn to him after plugging hole at around 275"

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

APPROVED BY: John A. Aday TITLE: Owner DATE: Apr 18-88

APPROVED BY: Roy E. Johnson TITLE: St. Geologist DATE: 4-22-88

CONDITIONS OF APPROVAL, IF ANY: