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5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
K-29

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- Salt Water Disposal

2. Name of Operator
Rapid Company, Inc.

3. Address of Operator
c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, NM 88240

4. Location of Well
UNIT LETTER H, 1980 FEET FROM THE North LINE AND 660 FEET FROM
THE East LINE, SECTION 15 TOWNSHIP 12S RANGE 34E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Ranger SWD

9. Well No.
1

10. Field and Pool, or Wildcat

15. Elevation (Show whether DF, RT, GR, etc.)
4157

12. County
Lea

16. 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 checked="" type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER <input type="checkbox"/> |

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.

It is proposed to plug and abandon as follows:

Set cast iron bridge plug at 2600 & cap with 5 sacks cement

Spot 100' cement plug across top of salt @ 2100
Set 10 sack plug at surface with regulation marker
Mud between all plugs

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

SIGNED Desiree Walker TITLE Agent DATE 8/7/85

APPROVED BY DISTRICT SUPERVISOR TITLE _____ DATE _____

AUG - 9 1985

CONDITIONS OF APPROVAL, IF ANY: