

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
M-14474

7. Lease Name or Unit Agreement Name
ARNOTT RAMSEY

8. Well No.
#4

9. Pool name or Wildcat
NONE

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. Type of Well:
OIL WELL GAS WELL OTHER BRINE WELL

2. Name of Operator
P & S BRINE SALES

3. Address of Operator
P. O. BOX 1769 EUNICE, NM 88231

4. Well Location
Unit Letter P : 515 Feet From The SOUTH Line and 100 Feet From The EAST Line
Section 16 Township 25S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3150

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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL 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.
RIGGED UP DA&S PLUGGING UNIT
PULL WELL HEAD OFF
PULLED TUBING & SET PLUG @ 1100'
CIRCULATED CEMENT DOWN TUBING TO SURFACE
PULLED TUBING LAYED DOWN
WELDED CAP ON CASING & PUT UP DRY HOLE MARKER
10-18-93

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Paul Prather TITLE PARTNER DATE 10-18-93
TYPE OR PRINT NAME PAUL PRATHER TELEPHONE NO. 394-2545

(This space for State Use)
APPROVED BY [Signature] TITLE OIL & GAS INSPECTOR DATE 10-18-93
CONDITIONS OF APPROVAL, IF ANY: