State of New Mexico

Form C-103

Submit 3 Copies to Appropriate District Office Energy, Minerals and Natural Resources Department Revised 1-1-89 DISTRICT OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-007-20072 DISTRICT II
P.O. Drawer DD, Artesia, NM \$8210 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease FEE X STATE DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410 6. 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" Kaiser-Edson (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL | WELL X 2. Name of Operator Vermejo Park Corporation c/o Vermejo Minerals Corp. 3. Address of Operator 9. Pool name or Wildcat Route 1, Box 68 Cimarron, NM 87714 Wildcat Well Location 583 Feet From The South 120 East Unit Letter . Line and Feet From The 13 29 N Section 21 E Colfax Township Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6777 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK x PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER:_ 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. Fill well bore with fluid, test cemented 2 7/8" tubing and free point. Separate tubing at free point, circulate wellbore, and set 100-150' cement plug in 4 1/2" casing on top of 2 7/8" stub. Free point 4 1/2" casing, if free, cut and pull then set a 100' plug on top of 4 1/2" stub, 150' plug across surface casing seat, and 50' surface plug and marker. Work to begin about 1 December 1989. If 4 1/2" is not free, set only 50' surface.

I hereby certify that the information stiffing is true and coordinate the best of my	knowledge and belief. Operations Superintendent DATE 11/15/89
TYPEORPRINTNAME L. D. Williamson	ТЕLЕРНОМЕ NO.505-376-2817
(This space for State Use)	45 4 4 5 5 6 5 6 5 6 5 6 5 6 5 6 6 6 6 6
APTROVED BY	DATE
CONDITIONS OF APPROVAL, IF ANY://	