

Rushton

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

WELL API NO. 30-007-20075

5. Indicate Type of Lease STATE [] FEE [X]

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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name Kaiser

1. Type of Well: OIL WELL [] GAS WELL [X] OTHER

8. Well No. 1-Rushton

2. Name of Operator Vermejo Park Corporation c/o Vermejo Minerals Corp.

9. Pool name or Wildcat Wildcat

3. Address of Operator Route 1, Box 68 Cimarron, NM 87714

4. Well Location Unit Letter P : 1230 Feet From The South Line and 1177 Feet From The East Line Section 18 Township 29 N Range 22E NMPM Colfax County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6606 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data. NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK [] PLUG AND ABANDON [X] TEMPORARILY ABANDON [] CHANGE PLANS [] PULL OR ALTER CASING [] OTHER: [] SUBSEQUENT REPORT OF: REMEDIAL WORK [] ALTERING CASING [] COMMENCE DRILLING OPNS. [] PLUG AND ABANDONMENT [] CASING TEST AND CEMENT JOB [] 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. Tag bottom. Set cement plug from TD to 2900'. Test and free point 4 1/2". If free, cut and pull. Set 100' cement plug on top of 4 1/2" stub, 150' plug and across surface casing seat and 50' surface plug and marker. If not free, set only surface plug and marker. Work to begin about 10 December 1989.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE: [Signature] TITLE: Operations Superintendent DATE: 11/15/89 TYPE OR PRINT NAME: L. D. Williamson TELEPHONE NO: 505-376-2817

(This space for State Use) APPROVED BY: [Signature] TITLE: DISTRICT SUPERVISOR DATE: 11-17-89 CONDITIONS OF APPROVAL, IF ANY: