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

OIL CONSERVATION DIVISION
P.O. Box 2088
Same For New Marion, 87504 2088

WELL API NO.

5. Indicate Type of Lease ______

P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE XX FEE
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL XX WELL OTHER	Mobil State
2. Name of Operator	8. Well No.
H & W Enterprises (505) 746-9774	1
3. Address of Operator	9. Pool name or Wildcat
1404 Briscoe Artesia, NM 88210	Grayburg Jackson
	Feet From The East . Line
Unit Letter H: 2310 Feet From The North Line and 990	rect From The Last Line
Section 16 Township 17S Range 31E 1	NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Re	eport, or Other Data
•• •	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON XX REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CE	MENT JOB
OTHER: OTHER:	

- 1. Set CIBP @ 3100'. Cap with 100' cement plug.
- Load hole with mud.
 Spot 100' cement plug @ top.
- 4. Set PA marker, clear location.

Cur calculations do not show the 27/8 to de cercelated well nelle to sum a free point to determin this. Can estima Perforat + squeeze or cat + peell 21/8 that spot your plugge.

Thereby certify that the information above is tracyand complete to the best of my knowledge and belief.

TYPE OR PRINT NAME

(This space for State Use)

APPROVED BY-

ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR AUG on 1996

TELEPHONE NO. 565-740

_____ DATE

CONDITIONS OF APPROVAL, IF ANY: