

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 Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 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.)

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

2. Name of Operator Bradley H. Keyes + Margaret W. Keyes Trust

3. Address of Operator P.O. Box 1387 Aztec, N.M. 87410

4. Well Location Unit Letter E : 2310 Feet From The North Line and 800 Feet From The East Line Section 30 Township 29 N Range 11 W NMPM San Juan County

7. Lease Name or Unit Agreement Name Crawford

8. Well No. 1

9. Pool name or Wildcat Fulcher Kutz PC

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5464 GL

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.

Kill well, lay down Tbg. Pick up work string + clean out to TD 1560'. Set a cement plug inside 7" casing 1560'-1400'; woc 4hrs. Go in hole with packer, + tag plug + pressure test casing 500 psi. Complete P+A process done from result of pressure test.

OIL CON. DIV. DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Lonnie R. Cunningham TITLE Agent DATE 10-19-93 TYPE OR PRINT NAME Lonnie R. Cunningham TELEPHONE NO. 327-9572

(This space for State Use) APPROVED BY Original Signed by CHARLES GHOLSON TITLE DATE CONDITIONS OF APPROVAL, IF ANY: