

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-05163 ✓

5. Indicate Type of Lease
STATE FEE

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 OTHER

2. Name of Operator
S & J OPERATING COMPANY

3. Address of Operator
P O BOX 2249, WICHITA FALLS, TEXAS 76307-2249

4. Well Location
Unit Letter A : 990 Feet From The NORTH Line and 330 Feet From The EAST Line
Section 27 (NENE) Township 14-S Range 37-E NMPM LEA County

7. Lease Name or Unit Agreement Name
(8910087370)
DENTON NORTH WOLFCAMP UNIT TRACT 13

8. Well No.
7

9. Pool name or Wildcat
DENTON WOLFCAMP

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3834 DF

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 checked="" 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 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.

SHUT IN PRODUCING WELL. LAST PRODUCED 11-88. ON 10-9-92, SET CIBP AT 9300' AND CIRCULATED WELL WITH SALT WATER TREATED WITH CORROSION INHIBITOR. ON 10-12-92, DUMPED 4 SACKS OF CEMENT ON CIBP. ON 4-8-93, TESTED CASING AND LEAKED OFF. WILL PLUG AND ABANDON WELL.

*SEE ATTACHED

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Pepton S. Carnes, Jr. TITLE MANAGER OF OPERATIONS DATE 5-10-93

TYPE OR PRINT NAME PEYTON S. CARNES., JR. TELEPHONE NO. (817) 723-2166

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAY 18 1993

CONDITIONS OF APPROVAL, IF ANY: