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	TI OIL CONSERVATION DIVISION 1980, Hobbs, NM 88240 P.O. Box 2088		WELL API NO.		
DISTRICT II	Santa Fe, New Mexic		5. Indicate Type of Lease STATE FEE XX 6. State Oil & Gas Lease No.		
P.O. Drawer DD, Artesia, NM 88210					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410					
SUNDRY NOTIC	CES AND REPORTS ON W	/FLLS			
(DO NOT USE THIS FORM FOR PROD DIFFERENT RESERV	POSALS TO DRILL OR TO DEEP VOIR. USE "APPLICATION FOR 101) FOR SUCH PROPOSALS.)	EN OR PLUG BACK TO A	7. Lease Name or Unit Agreen	nent Name	
1. Type of Well: Off GAS WELL WELL	onex Sal	lt Water Disposal	Charles Whitten	ı "B"	
2. Name of Operator			8. Well No.		
Harris & Walton 3. Address of Operator			9. Pool name or Wildcat		
•	3	EE 11-2-2- NW 00041			
c/o Oil Reports & Gas S 4. Well Location			<u> </u>		
Unit Letter B: 330	Feet From The North	Line and2310	Feet From The Ea	ast Line	
Section 4	Township 24S		NMPM Lea	County	
	10. Elevation (Show what	her DF, RKB, RT, GR, esc.)			
		5 DF			
	Appropriate Box to Indicat		eport, of Other Data SEQUENT REPORT	r OE.	
NOTICE OF INT	ENTION TO:	500	SEQUENT REPORT	, OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	3 CASING \Box	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. DPLUG ANI	D ABANDONMENT!	
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB		
OTH ER :		OTHER:			
12. Describe Proposed or Completed Operati	inne (Classic state all particent detail	a and aive pertinent dates inclu	dine estimated date of starting as		
work) SEE RULE 1103.	IOOS (Clearly state on periodent dentitie	s, and give per taken dates, and		, ,, 4	
T. :	posed to plug & aband	don as follows:			
-					
Spot 150 s	sack cement plug acro	oss 7" casing sho	e at 352 0		
Cut off 7 which wil	" casing @ approximatell cover 7" stub and w	tely 600'; spot 20 will cover 9 5/8"	00 sack plug at 650 casing shoe 0 441)' '	
Set 10 sad	ck plug at surface w	ith regulation ma	rker		
9.5# mud	between all plugs				
Clean and	level location.				
I hereby certify that the information above is true	and complete to the best of my knowledge	and belief.			
SIGNATURE Benence	.1	mmæ Agent	DATE -	1/29/90	
TYPE OR FRINT NAME			TELEPH	IONE NO.	
(This space for State Use) ORIGINAL SIGNED DISTRICT I	DBY JERRY SEXTON Supervisor	DISTRA	Strine us	HAN.	
APPROVED BY		m. ,	DATE -		
CONDITIONS OF APPROVAL, IF ANY:		### 00 / 16 / 14 #000 / 16 / 16 / 16 ####################################			
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kecenyy,

JAN 3 0 1990

MOBBS OFFICE