

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.
30-021-20065

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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL GAS WELL CO2 OTHER

Norman and Ester Libby

2. Name of Operator
Amerada Hess Corporation

8. Well No.
Libby 4

3. Address of Operator
P.O. Box 840, Seminole, Texas 79360

9. Pool name or Wildcat
Bueyeros

4. Well Location
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line
Section 16 Township 20N Range 31E NMPM Harding County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GL 4950'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER:

PLUG AND ABANDON
CHANGE PLANS
REMEDIAL WORK
COMMENCE DRILLING OPNS.
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.

Proposed Plug and Abandon Procedure

MIRU swabbing unit, swab well dry to end of 2.375" tubing
Pump cement to EOT @ 1841' **30** BBLS. *7-25-94 pump tbg. vol. of water to kill well prior to setting cement plug. Ref OK'd by John Harris as of this date.*
Cut off wellhead

All other Annulli are circulated with cement. This final plug will effectively isolate the wellbore. See attached WBD.

Estimated starting date: 7/1/94

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

SIGNATURE John C. Harris TITLE Petroleum Engineer DATE 7/14/94

TYPE OR PRINT NAME John Harris TELEPHONE NO. (915) 758-6700

(This space for State Use)
APPROVED BY Ry Johnson TITLE DISTRICT SUPERVISOR DATE 7/25/94

CONDITIONS OF APPROVAL, IF ANY: