Submit 3 Copies to Appropriate District Off e

Energy,

State of New Mexico erals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		LL API NO.
		30-005-60837
		Indicate Type of Lease STATE FEE XX
		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		Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:		20000 Falls & Oliv Agroation Falls
OIL GAS WELL OTHER		HARPER
2. Name of Operator C.E. LARUE AND B. N. MUNCY, JR.		Well No.
3. Address of Operator		Pool name or Wildcat
PO BOX 1370 ARTESIA, NM 88211-1370 4. Well Location		WILDCAT (SAN ANDRES)
Unit Letter M: 660 Feet From The SOUTH Line and 660' Feet From The WEST Line		
	nge 28E NMP	M CHAVES County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OF		NS. PLUG AND ABANDONMENT X
PULL OR ALTER CASING CASING TEST AND CEMEN		NT JOB
OTHER:	OTHER:	
 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. 		
AT 2200' SET 25 SX CLASS C CEMENT PLUG. TAGGED AT 1970'.		
AT' 850' SET 10 SX CLASS C CEMENT PLUG.		
AT 730' SET 35 SX CLASS C CEMENT PLUG W/2% CaCl. TAGGED AT 628' RECEIVED AT 390' SET 35 SX CLASS C CEMENT PLUG W/2% CaCl. TAGGED AT 283 RECEIVED AT 30' SET 10 SX CLASS C CEMENT PLUG. CIRCULATED CEMENT.		
SET DRY HOLE MARKER.		
CUT OFF DEAD MEN. FILLED AND LEVELED PITS. Post ID-)-2
CLEANED LOCATION AND MOVED OFF LOCATIO	V. 4-7-9	g OIL CON. DIV.
	PYA	DIST. 2
I hereby certify that the information above is true and complete to the best of my knowledge and	belief.	
SIGNATURE TITLE	LE OWNER	DATE 3-27-95
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use)		
APPROVED BY Hand impto	1 Field K	DATE 5 6 15
CONDITIONS OF APPROVAL, IF ANY	· /	<i>*</i>