## Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form	C-103	
Revis	ed 1.1.	29

DIS	TRIC	TI			
P.O.	Box	1980.	Hobbs.	NM	88240

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe. New Mexico 87504-2088

WELL API	NO.		
30-0	05-6	51892	2-0000

5.	Indicate	Type of	Lease		_
		7.	STATE	FEE	Χ

1000 Rio Brazos Rd., Aztec, NM 87410

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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: GAS WELL X OIL WELL OTHER Cannon et al 2. Name of Operator 8. Well No. Sanders Oil & Gas Company 3. Address of Operator 9. Pool name or Wildcat P. O. Box 797005, Dallas, TX 75379-7005 Well Location Unit Letter N: 660 Feet From The South 1650 Feet From The West Line and Section Township 10 South Range **NMPM** Chaves County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3481" GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: **ALTERING CASING** PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK PLUG AND ABANDONMENT TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB Temporarily Abandon Test OTHER: 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.

7/24/95: Cast Iron Bridge Plug set at 3700'.

Loaded casing with brine and pressured up to 300 psi

and held for 15 minutes. Slight drop in pressure due to loose treads on casing collar.

AUG 0 7 1995

I hereby certify that the information above/s true and complete to the best of my knowledge and belief.	OIL CON. DIV. —— <del>DIST. 2</del>
SIGNATURE C. W. Sanders	DATE DATE
TYPE OR PRINT NAME	TELEPHONE NO.
(This space for State Use)	
Official and Albertaine	AUG 1 4 1995

- TITLE .

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY

DATE AUG 1 4 1995