



J-29-10-25

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

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

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

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

WELL API NO.
30-005-62210-0000

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
Sanders Oil & Gas Company

3. Address of Operator
P. O. Box 797005, Dallas, TX 75379-7005

4. Well Location
Unit Letter J : 2310 Feet From The East Line and 2140 Feet From The South Line

Section 29 Township 10 S Range 25 E NMPM Chaves County

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

3480 GL

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
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.

Well was never perforated. Intend to load casing with brine and test integrity of casing.

07/25/95: Jims Water Service on location. Casing indicated KCL water 1' from surface. Rigged up and pressured up to 300 psi & held for 15 minutes. Test satisfactory.

RECEIVED

AUG 07 1995

This Approval of Temporary
Abandonment Expires

8/4/2000

OIL CON. DIV.
DIST. 2

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

SIGNATURE C. W. Sanders TITLE Owner

DATE 08/04/95
(214) 931-6444
TELEPHONE NO.

TYPE OR PRINT NAME C. W. Sanders

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY RAY SMITH

TITLE Field Rep II DATE AUG 28 1995

CONDITIONS OF APPROVAL, IF ANY: