Submit 3 Copies to Appropriate

CONDITIONS OF AFFROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office						
DISTRICT I P.O. Box 1980, Hob	he NM 88240	OIL CONSERVAT		WELL API NO.		
DISTRICT II Santa Fe. Nev			2088 i∞ 8750 € 2088 ED	30-015-01537		
P.O. Drawer DD, Ar	rtesia, NM 88210	Santa re, New Mexi	100 8/304-2088**	5. Indicate Type of	of Lease	
DISTRICT III			MAY 1 4 1992		STATE	FEE
1000 Rio Brazos Rd.	L, Aziec, NM 87410		Q. C. D.	6. State Oil & Ga	s Lease No.	
	SLINDRY NOTIC	ES AND REPORTS ON V	WELLS PRIME PAPER			
(DO NOT USE TI	DIFFERENT RESERV	POSALS TO DRILL OR TO DEEI POIR. USE "APPLICATION FOR 01) FOR SUCH PROPOSALS.)	PEN OH PLUG BACK TO A	7. Lease Name or	Unit Agreement Name	·
1. Type of Well:				1		
OEL X	MEIT [OTHER		EMPIRE A	BO UNIT "D"	
2. Name of Operato				8. Well No.		
	L AND GAS COMP	ANY V		42		·
3. Address of Open		MEXICO 88240		9. Pool name or V EMPIRE A		
4. Well Location	o, nobbo, NEW	TIEXICO 00240	·····	EFIFTKE A	.DO	
Unit Letter	N : 660	Feet From The SOUT	H Line and 1	.980 Feet From	The WEST	Line
				- rearros		Libe
Section	25	Township 17S	Range 28E	NMPM ED	DY	County
		/////	ther DF, RKB, RT, GR, etc.)			
	Charle A	3671' DF	40 Materia - CNT- d' - D	. 01		
11.		ppropriate Box to Indica		•		
N	OTICE OF INTE	ENTION TO:	_ 508	SEQUENT R	EPORT OF:	
PERFORM REMEDI	IAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABA	ANDON	CHANGE PLANS	COMMENCE DRILLING	CODIC	PLUG AND ABANDO	~~~~ <u> </u>
					PLUG AND ABANDA	JNMENI L
OTHER:		L	_ OTHER: TEMPOR	RARILY ABAND	ON	X
12. Describe Propose work) SEE RUL	ed or Completed Operation E 1103.	ns (Clearly state all pertinent detail.	s, and give pertinent dates, inclu	ding estimated date of	starting any proposed	
HOLD FOR	R BHP MONITOR	WELL				
TD 6392	'; PBD 6312';	PERFS: 6196-6208'				
5/8/92	BRINE TO TRA	N & TBG. ND BOP N NSPORT. ND WH SET TO 500#. HELD FO GARRY WILLIAMS-NM	PKR w/13000# COME R 20 MIN. PKR @ 6	RESSION. N 5160.3', WEL	U WH, LOAD &	
	_	This App Abandon	proval of Temporar ment Expires5) 197		
	-					
I hereby certify that the	information above is true ar	d complete to the best of my knowledge	and belief.			
SIGNATURE Plus	millagher		mme Operations Coo	rdinator	DATE5/13/	92
	Tama - D. C.	-1				01 1606
TYPE OR PRINT NAME	James D. Co	gourn			TELEPHONE NO. 3	91-1600
(This space for State Us	(sc)					
la i	(=10) ·		7:10 A		r1- 1	
APPROVED BY	Allen		me Jule Rop		_ DATE 5/20/92	