

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

RECEIVED
SEP 24 1992

O. C. D.

WELL API NO.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-4201
7. Lease Name or Unit Agreement Name State S-19
8. Well No. 3
9. Pool name or Wildcat Empire Abo
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Temp. Abnd. <input type="checkbox"/>	2. Name of Operator Sidney Lanier ✓	3. Address of Operator c/o Oil Reports & Gas Services, Inc., P.O. Box 755, Hobbs, NM 88241	4. Well Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line Section 19 Township 17S Range 29E NMPM Eddy County
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Pressure test casing <input checked="" type="checkbox"/>

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.

9/15/92 Pressured up to 540# for 30 minutes, no bleed off. Test witnessed by Gary Williams.

This Approval of Temporary
Abandonment Expires 9/97

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

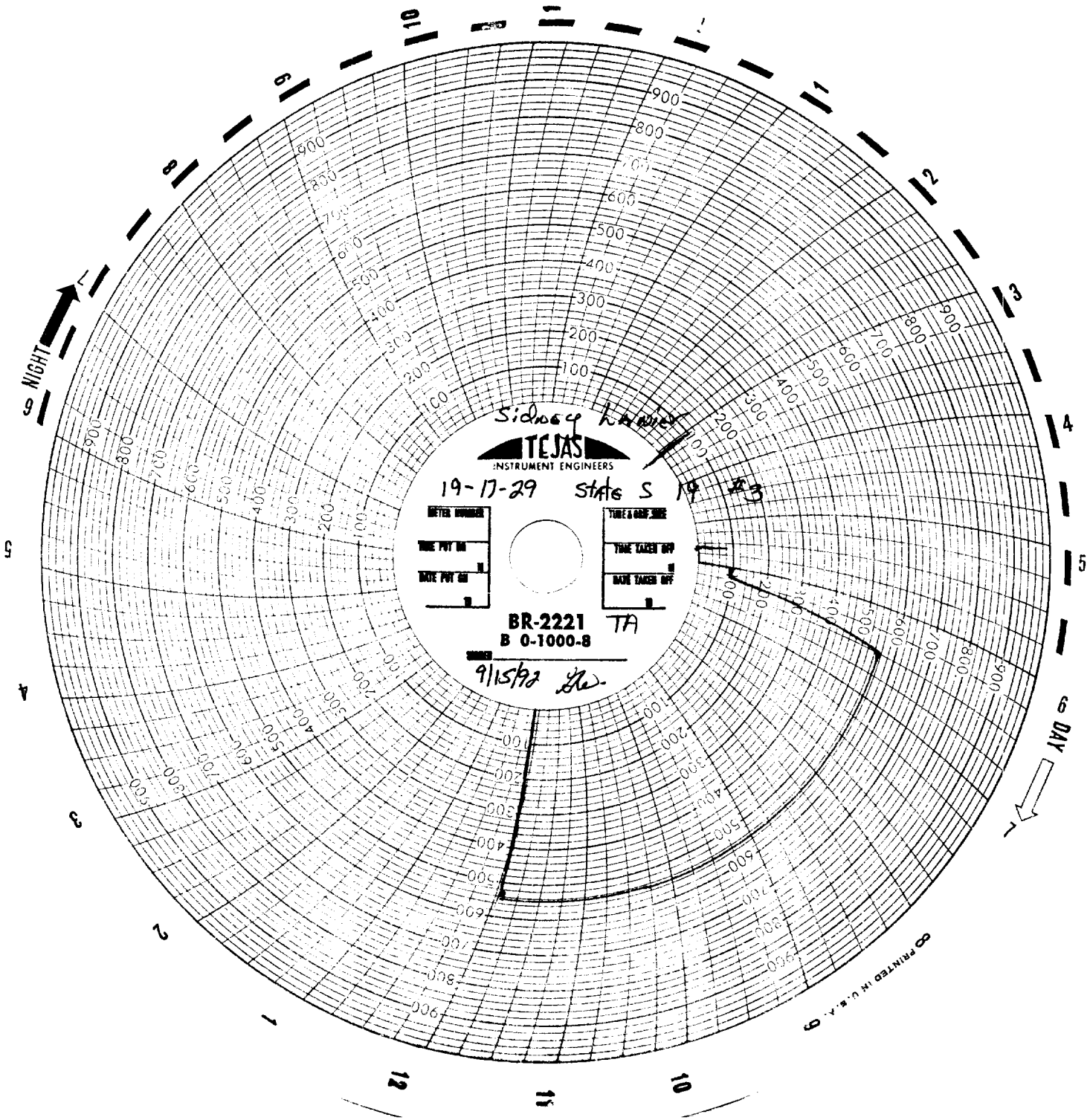
SIGNATURE Donna Holler TITLE Agent DATE 9/23/92

TYPE OR PRINT NAME Donna Holler TELEPHONE NO. 505-393-2727

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE 9/25/92

CONDITIONS OF APPROVAL, IF ANY:



Sidney Kanner
TEJAS
INSTRUMENT ENGINEERS

19-17-29 State S 19 #3

METER NUMBER
TIME PUT ON
DATE PUT ON

TIME TAKEN OFF
DATE TAKEN OFF

BR-2221 TA
B 0-1000-8

9/15/92 *SW*

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