

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Bureau of 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

FEB - 6 1991

O. C. D.  
ARTESIA OFFICE

WELL API NO. 300150074200
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-9391-4
7. Lease Name or Unit Agreement Name South Red Lake Grayburg Unit
8. Well No. 39
9. Pool name or Wildcat Red Lake QN-GB-SA
10. Elevation (Show whether DP, RKB, RT, GR, etc.) NA

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 Water Injection	
2. Name of Operator S & J OPERATING COMPANY	
3. Address of Operator P O BOX 2249, WICHITA FALLS, TEXAS 76307	
4. Well Location Unit Letter H : 1650 Feet From The North Line and 990 Feet From The East Line Section 2 Township 18S Range 27E NMPM Eddy County	

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 checked="" type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input 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.

SEE ATTACHED PLUGGING PROCEDURE

Post ID-2  
2-8-91  
Pg 19

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

SIGNATURE William M. Kincaid TITLE Petroleum Engineer DATE 1-31-91

TYPE OR PRINT NAME William M. Kincaid TELEPHONE NO. (817)723-2166

(This space for State Use)

APPROVED BY David Moore TITLE Geol. DATE 5/2/91

CONDITIONS OF APPROVAL, IF ANY: