+	Submit 3 Copies to Appropriate District Office State of New Mexico E, Minerals and Natural Resources Departm	 nen	Form C-103 Revised 1-1-89	
•	DISTRICT I P.O. BOX 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISIO P.O. Box 2088 RECE!		WELL API NO. 30-015-21686	
	DÎSTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease	
	DETRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 JUL -	7.'9	STATE FEE K 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:	O AFFI	7. Lease Name or Unit Agreement Name Jerry Nelson Com	
	OIL GAS WELL X OTHER		J	
	2. Name of Operator Matador Operating Company		8. Well No.	
	3. Address of Operator 415 W. Wall, Ste 1101, Midland, TX 79701		9. Pool name or Wildcat Atoka Penn	
	4. Well Location Unit Letter C: 990 Feet From The North Line and 1650 Feet From The West Line			
	: Section 14 Township 18S Range 26E NMPM Eddy County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3314 GL			
	11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
ı	PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	RK	ALTERING CASING	
•	TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI	ULLING	OPNS. PLUG AND ABANDONMENT	
ı	PULL OR ALTER CASING CASING TEST AI	ND CE	MENT JOB .	
(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.				
	Propose to plug and abandon as follows: 1. Morrow (8980')-CIBP w/ 35' cmt on top or 100' cmt plug. 2. Penn (7105') 1 25 sx cmt plug 3. Wolfcamp (5880') - 100' cmt plug. 4. Abo (4480') 1 25 sx cmt plug 5. Glorieta (2310') - 25 sx cmt plug 6. Cmt across 8-5/8" shoe @ 1855' 7. Cmt across 13-3/8"'shoe @ 1120' 8. 10 sx surface plug and marker 10# mud between plugs.			
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	I hereby certify that the information above to true and complete to the best of my knowledge and belief, SKINATURE Operation	ıs Mar	nager 7-5-94	
	TYPE OR PRINT NAME R. F. Burke		915-687-5955 TELEPHONE NO.	
=	(This space for State Use)	SOR.	DISTRICT IL 8-3-94	
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