Submit 3 Copies to Appropriate District Office  State of New Mexico gy, Minerals and Natural Resources Dep	partme. Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVIS P.O. Box 2088 CENTED	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 6/504-208	1 3. IDUICALE LYPE OI LEASE
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WALLS A OF	K-6289
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)	CK TO A 7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL WELL X OTHER	Lonetree
2. Name of Operator R. C. Bennett Company	8. Well No.
3. Address of Operator	9. Pool name or Wildcat Penasco Draw Morrow
P. O. Box 264, Midland, Texas 79702  4. Well Location	
Unit Letter <u>C</u> : 660 Feet From The North Line as	nd 1980 Feet From The West Line
Section 32 Township 18S Range 251	
351 GR, 3604 KB	<u> </u>
11. Check Appropriate Box to Indicate Nature of NOTICE OF INTENTION TO:	Notice, Report, or Other Data SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON X REMEDIAL	WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENC	E DRILLING OPNS.  PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TE	ST AND CEMENT JOB
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent work) SEE RULE 1103.	s dates, including estimated date of starting any proposed
<ol> <li>Set CIBP @ 8440 + W/35' Cement Cap.</li> <li>Load Hole W/Mud.</li> <li>25 sx Plug 8340 to 8440.</li> <li>25 sx Plug 6950 to 7050.</li> <li>25 sx Plug 6500 to 6600 and tag.</li> <li>30 sx Plug 5175 to 5275.</li> <li>30 sx Plug 4025 to 4125.</li> <li>30 sx Plug 1950 to 2050.</li> <li>30 sx Plug 1100 to 1200 and tag.</li> <li>30 sx Plug 260 to 360.</li> <li>Surface Plug.</li> </ol>	
Note: Attempt will be made to cut and pull a large certify that the information above is true and complete to the best of my knowledge and belief.	4 1/2" casing.
	ent
TYPE OR PRINT NAME	TELEPHONE NO.
(This space for State Use)	
APPROVED BY GW	DATE 2-2-91
CONDITIONS OF AFTROVAL, IF ANY:	un en
Notify N.M.O.C.C. in sufficient time to witness	

Notify M.M.O.C.C. in sufficient time to witness

P. May Suing