Submit 3 Copies to Appropriate	State of New Mexico Energyinerals and Natural Resources Department		Form C-103 AST
to Appropriate District Office	weigyciais and traillian R	esources Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobba, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE
			6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS			B-8096
(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.)			7. Lease Name or Unit Agreement Name
1. Type of Well: Oil Well XX Well [	OTHER	1 EC + 7 1992	Continental State
2. Name of Operator		O. C. D.	8. Well No.
Anadarko Petrol  3. Address of Operator	eum Corporation 🗸	existe cast?	3
PO Drawer 130, Artesia, N.M. 88211			9. Pool name or Wildcat Turkey Track, 7R, Qn, GB, SA
4. Well Location			runey mack, /k, on, GB, SA
Unit Letter <u>B</u> : 660 Feet From The North Line and 1650 Feet From The <u>East</u> Line			
Section 10	Township 19S Ra	inge 29E	NMPM Eddy County
	10. Elevation (Show whether 3383 GL	DF, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING		OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CE		MENT JOB
THER: OTHER: Change		Plans-Return to pump X	
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.			
Note: Had filed to P&A this well but decided to return well to pump for further evaluation.			
1. RUPU and TOH with rods and tbg. 2. Tested tbg back in hole and replaced bad joint. Set SNOE at 1633'. 3. Ran pump and rods. Returned to pump. RDPU.			
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE MADE SURVEY	<u> </u>	Field Forem	an DATE 12-16-92
TYTEORPRINT NAME Mike Bras			TELEPHONE NO. 677-2411
112100000000000000000000000000000000000			
(This space for State Use)		Liel Dog	DATE 12/22/92
ATTROVED BY	tm:		DATE 1-17/2