

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

OCT 20 1993

| |
|---|
| WELL API NO. |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. B-9646 |
| 7. Lease Name or Unit Agreement Name MONTEREY STATE |
| 8. Well No. 5 |
| 9. Pool name or Wildcat SHUGART (Y,SR,Q,G) |
| 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>WIW</u> | 2. Name of Operator SOUTHLAND ROYALTY COMPANY |
| 3. Address of Operator P.O. Box 51810, Midland, TX 79710-1810 | 4. Well Location Unit Letter <u>O</u> : <u>2310'</u> Feet From The <u>EAST</u> Line and <u>990'</u> Feet From The <u>SOUTH</u> Line Section <u>32</u> Township <u>18S</u> Range <u>31E</u> NMPM <u>EDDY</u> 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"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER: <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | OTHER: CHART <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.

PLEASE FIND ATTACHED CHART.

P

This report of well
Abandonment Expires 10/98 See

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

SIGNATURE

Donna Williams

TITLE

PRODUCTION ASSISTANT

DATE 10/19/93

TYPE OR PRINT NAME DONNA WILLIAMS

TELEPHONE NO. 915-688-6943

(This space for State Use)

APPROVED BY

[Signature]

TITLE

[Signature]

DATE

10/24/93

CONDITIONS OF APPROVAL, IF ANY: