NO. OF COPIES RECEIVED				Form C-103	
SANTA FE	NEW MEXICO OIL COM			Supersedes Old C-102 and C-103	
FILE .	NEW MEXICO OIL CONS	ERVATION COMMISSION		Effective 1-1-65	
U.S.G.S.		* <b>5 6</b> 1	FIAF		
LAND OFFICE				Sa. Indicate Type of Lea	tse
OPERATOR		QCT	8 1975	State X	Fee
	J			5, State Oil & Gas Leas E-7053	e No.
SUNDR	RY NOTICES AND REPORTS ON PLUG E TON FOR PERMIT - " (FORM C-101) FOR SUC	WELLS	C. C. No office		
1.  OIL  WELL  2. Name of Operator	OTHER-			7. Unit Agreement Name	7111111
•	t & J. C. Ryan			8. Farm or Lease Name Exxon State	
P. O. Box 26	4, Midland, Texas 79701			9. Well No.	
4. Location of Well UNIT LETTER N	1980 FEET FROM THE West	660	1	10. Field and Pool, or W	1
	25 TOWNSHIP 195	28E			
	15. Elevation (Show whether		NMPM.	12. County	
16. Check A	Appropriate Box To Indicate N	20 G.L.	ort or Othe	Eddy	
NOTICE OF IN	TENTION TO:	SUB	SEQUENT	REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CAS	
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	Ħ	PLUG AND ABAN	<b>=</b>
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT J	ов 🗴	, Edd Allo Aban	DONMENT
OTHER		OTHER			
17. Describe Proposed or Completed Op-	erations (Clearly state all pertinent deta	ils and give portinger days	- 1-1-11		
8/20/75 Set 13 3/8" of H-Circulated cement. WOC to pressure. 8/24/75 Set 8 5/8" K-55 gClass C, 6 sacks cal. chloridested to 1500# for 30". Now 1/29/75 Set 4 1/2" N-80 gcs 1.64". 11.6#10094.53" sack and 0.75% CFR-2. Place of the control of the c	40 grade 48# casing at 300' ro set, 18 hours. Pressure to grade 24# casing to 2500'. On the detailed are grade casing, made up as folious, 13.5#690.07', 21 century pump down at 11,327.	. Cemented with 3 ested to 600 <sup>#</sup> for a particulated with 900 state of the control of the contro	375 sacks (period of sacks Hall dement, 5#, 1.7' H	Class C, 7 sacks 30". No measure liburton light, 30 WOC 18 hours.	Cal. Chloriable drop  0 sacks Pressure  r; 13.5#  8# salt per
o 2000# for 30 ". No mea	surable drop in pressure.				
Spud date 8/20/75					
8. I hereby certify that the information a	above is true and complete to the best of	my knowledge and belief.	· · · · · · · · · · · · · · · · · · ·		
IGNED				DATE	
PPROVED BY W. A. A.	ressett s	UPERVISOR, DISTRIC	CT II	OCT 8	1975

CONDITIONS OF APPROVAL, IF ANY: