			DECENTER			
NO. OF COPIES RECEIVED						
DISTRIBUTION				Form C-103 Supersedes Old		
SANTA FE	TV		NEW MEXICO OIL CONSERVATION 202019910N	C-102 and C-103		
FILE	V	V		Effective 1-1-65		
U.S.G.S.			́О. С. D.	5a. Indicate Type of Lease		
LAND OFFICE			ARTESIA, OFFICE	State X Fee		
OPERATOR	V			5. State Oil & Gas Lease No.		
DO NOT USE THIS P	SU		Y NOTICES AND REPORTS ON WELLS	E 5073		
1.			ON FOR PERMIT -** (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name		
OIL GAS WELL WEL	. 🖸		OTHER.	NA		
2. Name of Operator		·		8. Farm or Lease Name		
R. C. Bennett a	ind .	J. C	. Ryan	Exxon-State		
3. Address of Operator				9, Well No.		
P. O. Box 264	1 2					
4. Location of Well				10. Field and Pool, or Wildcat		
UNIT LETTER	<u> </u>	<u>198</u>	0 FEET FROM THE West LINE AND 1980 FEET FRO	Winchester		
THE North	LINE, S	ECTIO	<u>25</u> TOWNSHIP <u>195</u> RANGE <u>28E</u> NMPN			
			15. Elevation (Show whether DF, RT, GR, etc.)	ΔΗΠΗΠΗΠΗΠΗΠ		
	12. County					
	\overline{III}	$\overline{711}$	3,362.8 КВ	Eddy		
16.	Che	ck A	ppropriate Box To Indicate Nature of Notice, Report or O	ther Data		
NOTI				T REPORT OF:		
PERFORM REMEDIAL WORK	[]		PLUG AND ABANDON X REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	4		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	_!		CHANGE PLANS CASING TEST AND CEMENT JOB			
OTHER LOWER MORT	ow c	only	OTHER			
17. Describe Proposed or Co work) SEE RULE 1103.	omplet	ed Ope	rations (Clearly state all pertinent details, and give pertinent dates, includin	g estimated date of starting any proposed		

Unseat packer at 9652', release on/off tool above packer set at 11,148'. Pull tubing and packer. Set cast iron bridge plug at 11,145', which is 47' above top of Morrow perforations at 11,192'. Dump $5\frac{1}{2}$ cubic feet or 6 sacks of cement on top of plug in $5\frac{1}{2}$ " 17# casing. Go back in hole with production packer and set below 9,791' which is bottom Upper Penn perfs. Pressure test to 3,000#, reset packer above Upper Penn perfs at 9,712' for production of Upper Penn.

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

SIGNED R. Manualt	TITLE	DATE2/21/84
APPROVED BY	Lestie A. Clements Supervisor District II	FEB 2 3 1984

CONDITIONS	OF	APPROVAL.	١F	ANY: