## Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form	C-103	
Revis	ed 1-1-89	

DISTRICT!	n tickhe i	NM	28240
PO ROTIVE	II. HODDEL I	NM	00490

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	
30-015-27893	
3. Indicate Type of Leane STATE	FEE X

P.O. Drawer DD, Artesia, NM 88210	The state of the s		5. Indicate Type of Leane ST	ATE FEE X
DISTRICT III 1000 Rio Brazon Rd., Aziec, NM 87410	APR	18100/	6. State Oil & Gas Lease N	o.
SUNDRY NOTICES AND ( DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR, USE (FORM C-101) FOR SI	*APPLICATION FOR PERM **APPLICATION FOR PERM	H PEUG BROK TO N	7. Lease Name or Unit Ago	reement Name
1. Type of Well:  OR. OR. WELL X HILL	OTHER		Bradshaw	14050
1 11 10-11			8. Well No.	
Anadarko Petroleum Corpo	ration 8	<del>06 -</del> 817	2	
1 Address of Operator		,	9. Pool name or Wildcat	66202
PO Drawer 130, Artesia,	NM 88211-0130		Upper Penn	00202
4. Well Location Unit LetterO :660 Feet Fro	m The South	Line and 1	980 Feet From The	East Line
	10-	0.5.77	nmpm Eddy	County
Section 4 Townsh	ip 195 Ran 10. Elevation (Show whether D		V///	
///////////////////////////////////////	35331 GR			
Check Annonria	ate Box to Indicate N	ature of Notice, R	eport, or Other Data	
NOTICE OF INTENTION	1 TO:	SUB	SEQUENT REPO	RT OF:
	<del></del>	REMEDIAL WORK	ALTER	IING CÁSING
PERFORM REMEDIAL WORK L PLUG	AND ABANDON		E3	
TEMPORARILY ABANDON CHAN	IGE PLANS	COMMENCE DRILLING		AND ABANDONMENT L
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB 🗀	1
OTHER:		OTHER:		
12. Describe Proposed or Completed Operations (Clearly work) SEE RULE 1103.				
1. Built location, dug	)///" haia n 1/	' * 1 '3		(ready mix).
	. mr 19691 1	'U A 4 * 70 A . 0	1. 4-11-24.	hoe and
4. Ran 28 jts of 9 5/8"	36# J-55 ST&C	ntralizers.	lst centrali	zer on shoe
				on Lite
5. RU halliburton and c Cement w/4# Flocele/	sx and 2% CaCl	L. Tailed in	n w/200 sx Pre	mlum rius mlated 64
Cement w/2% CaCl. P	lug down @ 9:0	)() a.m. 4-15	-94 MSI. CIIC	alacea 01
sx to pit.	.0.4			
6. WOC @ 9:00 a.m. 4-15	- 34 •			
I hereby certify that the information above is true and complet	e to the best of my knowledge and	belid.		04 15 04
Vans	uchle m	Area Sup		ATE 04-15-94
Jerry E. Buckles	3		(50	5) 677-2411 ELETIONE NO.
TYPE OR FRINT NAME				
(This space for State Use)	uet <b>e</b> vti			APR 2 5 1994

CONDITIONS OF AITROVAL, IF ANY:

APROVED BY-

SUPERVISOR, DISTRICT IL