Submit 3 Copies to Appropriate District Office

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

Form C-103

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206 Santa Fe. New Mexi∞ 87503

	Keyned 1-1-89	
1		
	WELL API NO.	
	30-015-30224	
	5. Indicate Type of Lease  STATE X  FEE	
	6. State Oil & Gas Lease No. VA-1541	
	7. Lease Name or Unit Agreement Name	
	Little Box State	
	8. Well No.	
	9. Pool name or Wildcat	
	Little Box Canyon (Morrow)	
	LITTIE BOX CARYON (MOLIOW)	
23	10 Feet From The West Line	
ì	NMPM Eddy County	
	eport, or Other Data	
JBS	SEQUENT REPORT OF:	
	ALTERING CASING	
NG	OPNS. L. PLUG AND ABANDONMENT L.	
CEI	MENT JOB X	
· .		
incl	eding estimated date of starting any proposed	
	•	
1/	2" hole. Lose partial	
13 3/8" - 48# - H40 casing lus 2% CACL <sub>2</sub> - circulate 71 1 NU BOP's.		

1000 Rio Brazos Rd., Aztec, NM 87410 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.) Type of Well MET WELL X OTHER Name of Operator Stevens & Tull, Inc. Address of Operator 79702 P.O. Box 11005, Midland, TX Well Location \_\_\_\_\_\_ 660 Feet From The \_ South Unit Letter N 36 20S Range Section Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4432 GR Check Appropriate Box to Indicate Nature of Notice, SL NOTICE OF INTENTION TO: REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILLI **CHANGE PLANS** TEMPORARILY ABANDON **CASING TEST AND PULL OR ALTER CASING** OTHER: OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, work) SEE RULE 1103. 4/29/98 - Spud well at 10:00 p.m. - MST - Drill 17 returns at 80'. 4/30/98 - TD 12 1/4" hole at 340' - Run 8 joints to 321' - cement with 400 sx class "c" pl sx cement to surface - WOC - 12 hours and 5/2/98 - Begin drilling 12 1/4" hole. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Consulting Engineer \_\_ DATE \_\_\_ TILE \_\_ TELEPHONE NO. Michael G. Mooney TYPE OR PRINT NAME

(Thus space for State Use) 18 Hours Casings 15