ubmit 3 Copies 5 Appropriate Jistrict Office	State of New Mex Energy, Minerals and Natural Res	tico sources Department	Form C-103 CIST Revised 1-1-89
NSTRICT I .O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.
OSTRICT II O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease STATE FEE X
DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410		Q. 43. 5 .	6. State Oil & Gas Lease No.
DO NOT USE THIS FORM FOR PRO	ICES AND REPORTS ON WEL OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PER D-101) FOR SUCH PROPOSALS.)	LS OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
Type of Well:	OTHER		Morris & Hoover
Name of Operator Barber Oil, Inc.	Y		8. Well No. 1
Andrews of Operation	arlsbad, NM 88221-1658		9. Pool name or Wildcat Barber
4. Weil Location Unit Letter <u>E</u> : 198		Line and660) Feet From The West Line
Section 20	Township 20 South Ra	nge 30 East DF, RKB, RT, GR, etc.)	NMPM Eddy County
	Appropriate Box to Indicate	of casing) Nature of Notice 1	Report, or Other Data
n. Check NOTICE OF IN	TENTION TO:	SU	BSEQUENT REPORT OF:
	PLUG AND ABANDON	REMEDIAL WORK	
	CHANGE PLANS	COMMENCE DRILLIN	
		CASING TEST AND	
DTHER:			t to reenter and replug
work) SEE RULE 1103. 9/14/93 - ran 30' of 9/15/93 - Began drill	7" casing and set in hold ing thru cement and enter	e. Cemented wi red old 8-5/8"	
9/16/93- Mixed mud wi time. Lost circulati 9/20/93 - Pumped mud 9/21/93 - Haliburton cement again. Lost a 9/22/93 - checked cem into hole with no suc Fip f to the surface.	th clay. water gel and co on again. in pit into hole and got pumped 25 sax cement from 11 cement at 45'. Poure ent at 40' (gained 5' ov cess. Got permission fr Set marker and cleaned	no returns. m 100' to 45'. d 5 yards of Re ernight). Pour om OCD to plug location.	Let set and started pumping ady Mix cement in the hole. ed clay, water gel and fiber 7" casing at 25' and cemented
All work directed by	Eddy Potash, c/o Bob Kir	by (505) 887-2	844.
	true and complete to the best of my knowledge a	Prociden	DATE
I hereoy certify that the information above is SIGNATURE	lyn.	md belief. mue Presiden	DATE <u>11/8/93</u> 505 887-2566 TELEPHONE NO.
I hereoy certify that the information above is SIGNATURE	A I X I A I	Prociden	505 887-2566

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