Submit 3 Copies to Appropriate District Office

DISTRICT II

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



Form C-103 Revised 1-1-89

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

P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

2040 Pacheco St. Santa Fe, NM 87505 WELL API NO 30-015-20022

Indicate Type of Lease		
	STATE	FEE
∈State Oil & Gas Lease N	<b>l</b> o.	
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Lease Name or Unit Ag	reement Name	
Springs Fed Unit		

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: WELL OTHER SWD :Well No. :Name of Operator Key Energy Services, Inc Pool name or Wildcat Address of Operator P. O. Box 870 Artesia, New Mexico 88211 Well Location South 1650 Feet From The \_ Feet From The Line and Jrit Letter 20-S Eddy Range County NMPM Section In Elevation (Show whether DF, RKB, RT, GR, etc.)

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK		PLUG AND ABANDON	$\boxtimes$	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPNS.		PLUG AND ANBANDONME	NT [
PULL OR ALTER CASING				CASING TEST AND CEMENT JOB			
OTHER:				OTHER:			_ [

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- 1. Notify NMOCD of intent to plug (min. 24 hrs prior)
- 2. MIRU; ND wellhead, NUBOP
- 3. RLS 8 5/8" pkr; POH & LD tbg and pkr
- 4. RIH w/ 8 5/8" tbg set CIBP and workstring
- 5. Set 8 5/8" CIBP @ 2600"
- 6 Circulate hole w/ 10# mud
- Spot <del>10 sx</del>s cmt on CIBP @ 2600' ω/ 25ςχ
- 8. POH ,spot 30 sxs cmt @ 1100'-1200'
- POH, spot 30 sxs cmt @ 147'- 247', WOC and tag
- 10. POH, NDBOP, spot 10 sxs cmt from 30' to surface
- 11 RDMO clean location
- 12. Cut off wellhead and install dry hole marker



* Notifie NMO.CD. To witness Plugging Opera	ations.	
I hereby certify that the information above is true and complete to the best of m	ny knowledge and belief.	
SIGNATURE LINE	TITLE Key Energy, P & A Manager	DATE 03-06-00
TYPE OR PRINT NAME RUSS LIGHT		TELEPHONE NO. (915) 523-5155
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(This space for State Use)

APPROVED BY MEDIL STOPPINGUE