State of New Mexico Energy, Minerals and Natural Resources Department

Form C	-103
Revised	1-1-89

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DISTRICT I P.O. Box 1980, Hobbs, NIM 88240 OIL CONSERVATION DIVISION P.O. Box 2088	WELL API NO.		
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexicol 97564 2088	S. Indicate Type of Lesse STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 MAY 21 '90	6. State Oil & Gas Lease No.		
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 PERMITS". OFFICE (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL GAS WELL WELL X OTHER	Moutray Com		
2. Name of Operator Pecos Valley, Inc.	8. Well No.		
1. Address of Operator P. O. Box 1598, Carlsbad, nM 88240	9. Pool name or Wildcat While And		
4. Well Location			
Unit Letter J: 1880 Feet From The S Line and 2180 Feet From The E Line			
Section 6 Township 20 Range 26 NMPM Eddy County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
11. 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 REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING CASING TEST AND CEMENT JOB			
OTHER: OTHER:			
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inclusivers.) SEE RULE 1103.	ding estimated date of starting any proposed		
 Set 5 1/2" CIBP @ 9470', w/ 14 sks. of cement on to Set 35 sks. of cement @ 5 1/2" stub, 50' in & 50' of Set 30 sks. of cement @ 7526'. Set 30 sks. of cement @ 7054'. Set 30 sks. of cement @ 5200'. Set 30 sks. of cement @ 3720'. Set 30 sks. of cement @ 2812'. 	op. out @ 8070'. Tag plug @ 7966'.		
8. Set 40 sks. of cement @ 1672', 50' in & 50' out @ 8 5/8" shoe. Tag @ 1560'			
9. Set 40 sks. of cement @ 417'. 10. Set 10 sks. of cement @ surface & install P & A marker. Post ID-			
	6-1-90 P+A		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. P & A Supe	rvisor		
Baber Well Se	rvicing Co. DATE 5-16-90		
TYPEOR PRINT NAME Raymond Maldonado	TELEPHONE NO.		
(This space for State Use)	MSPECTUB DATE 9-20-9		
CONDITIONS OF APPROVAL, IF ANY:	DATE		