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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Superseded Old
C-102 and C-101
Effective 1-1-65

30-015-02497

1. OIL WELL ☐ GAS WELL ☐ WATER INJECTION WELL ☒

2. NAME OF OPERATOR
Austin Gas Purchasing, Inc.

3. ADDRESS OF OPERATOR
Box 159, Stafford, Kansas 67578

4. LOCATION OF WELL
UNIT LETTER J FEET FROM END 2310 FEET FROM END South LINE AND 1650 FEET FROM East TWP. SECTION 13 TOWNSHIP 24S RANGE 28E

5a. Lease or Type of Lease
State ☐ Fee ☒

5b. Name of Landowner
Malaga Unit
Tract 5
Malaga Delaware
Eddy

15. DEPTH OF WELL (FEET, INCHES, FT., OR, IN.)
2965' GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SURVEILLANT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☒	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPERATIONS ☐	PLUG AND ASSIGNMENT ☒
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CURRENT LOG ☐	OTHER ☐

17. Describe in brief the proposed operations, clearly state all pertinent details, and give pertinent data, including estimated date of starting any proposed work.
Upon notification from New Mexico Oil and Gas Commission of approval to plug this well, it was plugged by Cast Services & Salvage of Hobbs, New Mexico and the following procedure was used.

- 9-29-76 Start at 2660 feet. Pump 25 sacks cement, pull 26 joints tubing, shut down.
- 9-30-76 Pull 59 joints tubing down, rig up casing jacks, shot casing at 2035 feet, lay 65 joints 5 1/2 casing down, shut down.
- 10-1-76 Break casing equipment down, run 67 joints tubing to 2070 ft., displace hole with brine jelly, pump 35 sacks cement, pull tubing to 350 feet, pump 35 sacks cement, pull tubing, pump 10 5/8 top plug and set dry hole marker.

Landowner requested block and location be left as is.

*Footed
30-015-02497*

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED: *[Signature]* TITLE: DATE: 11-11-76

APPROVED BY: *[Signature]* TITLE: OIL AND GAS INSPECTOR DATE: 11-11-1977

CONDITIONS OF APPROVAL, IF ANY: