State of New Mexico Submit 3 Copies Form C-103 ierals and Natural Resources Department to Appropriate District Office Energy, Revised 1-1-89 DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION WELL API NO. RECEIVED P.O. Box 2088 DISTRICT II Santa Fe. New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 75. Indicate Type of Lease JUL 2 8 199 FEE X STATE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 O. C. D. 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Pardue Farms 27 MET X 2. Name of Operator & Well No. Parker & Parsley Development Company 3. Address of Operator 9. Pool same or Wildcat P.O. Box 3178, Midland, Texas 79702 East Loving Delaware 4. Well Location \_\_: \_\_\_ 2080 | Feet Prom The \_ East 1880 North Line and **Feet From The** 27 23S 28E hip 23S Range 28E

10. Elevation (Show whether DF, RKB, RT, GR, etc.) Township Eddv **NMPM** 3044' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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: Remove CIBP @ 6290' & Pump test Bone X OTHER:\_ Springs 12. 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. RU DA&S Well Service. Will drill out CIBP, which does not have the Bone Springs properly plugged back. As discussed w/ Mike Williams, request permission to pump test Bone Springs w/ Brushy Canyon to recover frac load and gather production data necessary to file for permit to commingle the Brushy Canyon and Bone Springs. If fluid volumes will not allow commingling (after 30 day pump test) the Bone Springs will be plugged back correctly. 9/1/92

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

SIGNATURE

Randy R. Johnson

ORIGINAL SIGNED BY

MIKE WILLIAMS

SINDER PRINT NAME

AUG 17 1992

DATE

SUPERVISOR, DISTRICT IF

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY