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Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89
DISTRICT I	OIL CONSERVATION DIVISION		
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 P.O. Drawer DD Arresia NM 88210 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-045-08209	
P.O. Drawer DD, Artesia, NM 88210	Sania re, New Mexico	8/504-2088	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE X 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 PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL X	OTHER		-
2. Name of Operator			Mary Hare 8. Well No.
Helen Loraine Harvey 3. Address of Operator			1
Box 2185, Santa Fe, 1	JM 87504_2105		9. Pool name or Wildcat
4. Well Location			Aztec Fruitland Gas
Unit Letter P : 770	Feet From The South	Line and127	Feet From The East Line
Section 14	Township 29 N	ange 11 W	NMPM San Juan County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5528 GR			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON X	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER:		OTHER:	
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.			
This wall have the			
This well has not been afforded the opportunity to produce for several months.			
We request permission to Temporary Abandon the well for a period of up-to-one-year.			
at the fire			
1993: either perform a casing integrity test and return the well to production;			
OR, Plug and Abandon in a manner approved by the Oil Conservation Division 3 0 1992			
			ON. DIV.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE WE SE	eifeitkm	Agent	DATE 12/29/92
TYPE OR PRINT NAME A. R. Kel	ndrick		(505) 334-2555

(This space for State Use)

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #1 DEC 3 0 1992 ma Pauthurst