State of New Mexico

Form C-103

to Appropriate	Energy, Minerals and Natural Resources Department		Revised 1-1-89
District Office	OIL CONSERVATION	N DIVISION	
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco Si	t	WELL API NO. 30-045-09814
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87	7505	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOT	ICES AND REPORTS ON WELL	S	
(DO NOT USE THIS FORM FOR PRODIFFERENT RESE	OPOSALS TO DRILL OR TO DEEPEN OF RVOIR. USE "APPLICATION FOR PERM -101) FOR SUCH PROPOSALS.)	R PLUG BACK TO A	7. Lease Name or Unit Agreement Name Ona Magee
1. Type of Well: OIL WELL GAS WELL WELL	OTHER		
2. Name of Operator			8. Well No.
<u> Taurus Exploration, U.S.A.,</u>	Inc.		9. Pool name or Wildcat
 Address of Operator Bloomfield Highway; Fa 	rminaton. NM 87401		Basin Dakota
4. Well Location			00 Fast From The East Line
Unit Letter P : 990	Feet From The South	Line and99	Feet From TheLine
Section 4	Township 30N Ran	r DF, RKB, RT, GR, et	NMPM San Juan County
	//////	5615 GL	Papert or Other Data
	ppropriate Box to Indicate I	Nature of Notice	SEQUENT REPORT OF:
NOTICE OF I	NTENTION TO:	301	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB
OTHER: Status	X	OTHER:	
	perations (Clearly state all pertinent deta	ails, and give pertinent d	ates, including estimated date of starting any proposed
trailer, the meter hou	se is being used as a tool sh t equipment or a rig cannot b	ned and a garden he moved onto loc	location is encroached by a house exists next to the wellhead. In its ation. Once the safety of life and ction or permenently abandon it.
			•
I hereby certify that the information above	is true and complete to the best of my knowledge	ge and belief.	1 1

TITLE KROWN SUP. DATE 12/17/97 TELEPHONE NO. TYPE OR PRINT NAME

(This space for State Use)

DEPUTY OF & CAS INSPECTOR DIST. SAL DATE.

DEC 2

CONDITIONS OF APPROVAL, IF ANY