Submit 3 Copies to Appropriate District Office

Type of Well: WELL []

2. Name of Operator

3. Address of Operator

Section

4. Well Location

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Joel B. Burr, Jr.

14

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe. New Mexico 87504-2088

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.)

Feet From The

Toweship

COMME

30N

North

WELL X

P.O. Box 50, Farmington, N.M. 87499

1070

WELL API NO. 30-045-26160
5. Indicate Type of Lease STATE FEE
6. State Oil & Gas Lesse No.
7. Lease Name or Unit Agreement Name
Foothills ?-
 8. Well No.

East

Line

County

9. Pool name or Wildcat

Feet From The

San Juan

945

NMPM

13W

10. Elevation (Snow				1
11. Check Appropriate Box to Ind. AMENDED NOTICE OF INTENTION TO:	icate l	Nature of Notice, Report, or C SUBSEQUEN	Other Data NT REPORT OF:	
PERFORM REMEDIAL MORK PLUG AND ABANDON	M	REMEDIAL WORK	ALTERING CASING]
TEMPORARILY ABANDON CHANGE PLANS		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT	ل
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	<u></u>	_
OTHER:	. Ц_	OTHER:		_

- 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give persinent dates, including estimated date of starting any proposed work) SEE RULE 1103.
- MIRV NDWH NUBOP TOH w/f tubing 1.
- RV to squeeze hole full cement, bottom perf open 1750 to surface w/f 57 Cu Ft +50% excess = 85 CU ft cement- shut well in overnight
- Tag Plug fill as necessary w/f cement 3.
- Cut well heads off and erect dry hole mk

Dioram Jaix burst

Due to shortage of equipment during the month of December, request extension to Febrary 1, 1993 in which to plug subject well.

\bigcap \bigcap \bigcap \bigcap \bigcap		
I hereby certify that the information above is true and complete to the best of m	\sim	1/20/92
SIONATURE / CLLL	TITLE	
TYPE OR PRINT NAME (This space for State Use)	TRE-EFTHONE IN	
(1102 space for Jame Cse)		

DEPUTY OIL & GAS INSPECTOR, DIST. #3 NOV & a last