

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
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

WELL API NO. 30-015-10609

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No. B-11276

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

Mobil State

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. 1

2. Name of Operator
Anadarko Petroleum Corporation ✓
3. Address of Operator
P.O. Drawer 130, Artesia, New Mexico 88211-0130

9. Pool name or Wildcat
Artesia

4. Well Location
Unit Letter F : 1650 Feet From The North Line and 1650 Feet From The West Line
Section 24 Township 18S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3524' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER:
- PLUG AND ABANDON
- CHANGE PLANS

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING TEST AND CEMENT JOB
- OTHER:
- ALTERING CASING
- PLUG AND ABANDONMENT

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.

NOTE: Continuation of plugging operations discontinued on August 20, 1979.

[12-01-91 --- checked fluid level in 8-5/8" @ 60'.]

1. Re-checked fluid level @ 54'.
2. Ready-mixed down 8-5/8" from 54' to surface (0') with 1 yd of redimix. Final plug down @ 11:00am 01/22/92.
3. Erected P & A marker.
4. Cut off tie downs; cleaned location; had no pits to backfill.

Post ID-2
2-7-92
P4A

NOTE: P&A operations witnessed by Gary Williams (NMOCD).

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

SIGNATURE Jerry E. Duables TITLE Area Supervisor DATE 01/23/92

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Johnny Pulmon TITLE _____ DATE 2-10-92

CONDITIONS OF APPROVAL, IF ANY: OK GW