Submit 3 Copies to Appropriate
District Office

State of New Mexico Minerals and Natural Resources Department Ener

Form C-103 Revised 1-1-89

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

OIL CONSERVATION DIVISION P.O. Box 2088

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Santa Fe. New Mexico 87504-2088

ELL API NO		
30-	<u>005-00280 </u>	

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

P.O. Drawer DD, Artesia, NM 88210	5. indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. B 8385-2		
SUNDRY NOTICES AND REPORTS ON WEL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PEF (FORM C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK IOA 7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL OAS WELL X WELL OTHER	Honolulu State		
2. Name of Operator Mountain States Petroleum Corp.	8. Well No. 4		
3. Address of Operator P.O. Box 1936, Roswell, NM 88202-1936	9. Pool name or Wildcat Coyote Queen		
4. Well Location Unit Letter F: 1650 Feet From The No. Section 14 Township 11S Ra. 10. Elevation (Show whether to the section of the secti	nge 27F. NMPM Chaves County		
Check Appropriate Box to Indicate In NOTICE OF INTENTION TO:	Nature of Notice, Report, or Other Data 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:	OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, an	d give pertinent dates, including extimated date of starting any proposed		

MIRU. Pull all rods, pump and tubing. RIW with tubing, open ended to bottom of perfs. Pump 40 sks cement, pull 1/2 tubing.

Pump cement until circulated--pull tubing and fill void.

Set dry hole marker and level and clean location.

I hereby certify that the information above is true and complete to the best of my	knowledge and belief. Agent ππ.ε.	DATE
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use)	District Supervisor	DATE

CONDITIONS OF APPROVAL, IF ANY: