

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

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

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

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

WELL API NO.

30-005-10557

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-92

**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.)

1. Type of Well:

OIL  
WELL ☒

GAS

WELL ☐

OTHER

2. Name of Operator

Mountain States Petroleum Corp.

3. Address of Operator

Post Office Box 1936 Roswell, N M 88202

7. Lease Name or Unit Agreement Name

State E 92

8. Well No.

17

9. Pool name or Wildcat

Brown

4. Well Location

Unit Letter K : 2310 Feet From The West Line and 2310 Feet From The South Line

Section 26 Township 10S Range 26E NMPM Chaves County

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

11.

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date, including estimated date of starting any proposed work) SEE RULE 1103.

MIRU. Pull all rods, pump & tubing.  
RIW with tubing, open ended to bottom of perfs.  
Pump 40 sks cement, pull 1/2 tubing.  
Pump cement until circulated --pul tubing and fill void.  
Set dry hole marker and level and clean location.

AUG 28 1997

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

SIGNATURE

*Lesley Wickersham*

TITLE

Agent

DATE 08/20/97

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

**ORIGINAL SIGNED BY TIM W. GUM**  
**DISTRICT II SUPERVISOR**

APPROVED BY

TITLE

DATE

SEP 10 1997

CONDITIONS OF APPROVAL, IF ANY: