## Submit 3 Copies to Appropriate District Office

DISTRICT

Energy, Mi

- State of New Mexico 3 and Natural Resources Department

Form C	103
Revised	1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO. 5. In

API NO.	
dicate Type of Lease	FEE
Oil & Gos Lansa No	

1000 Rio Brazos	Rd.,	Aziec,	NM	8741
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P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210 חוגבאותר זוו 6. State Oil & Gas Lease (676-1)SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Huber State 1. Type of Well: GAS WELL OTHER WELL XX 8. Well No. 2. Name of Operator Mountain States Petroleum Corporation 9. Pool name or Wildcat 3. Address of Operator Roswell, NM 88202 PO Box 1936 4. Well Location Lähe and S \_ Feet From The \_\_ West 2310. South Unit Letter \_\_\_ N\_\_ : \_\_330\_\_ Feet From The \_\_ County Chaves Range 11S Township Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING XX REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. CHANGE PLANS TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER:\_ OTHER: 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. Because of the shallow depth of this well, copy of C105 enclosed, RUNTES TO TOX we propose to; Pull rods, pump and tubing as necessary, fill casing from TD to surface with cement and run the sand line-sinker bar several times while cementing to eliminate any air pockets. Set dry hole marker and clean location of any equipment, pipe, tanks and junk. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE .

(This space for State Use)

TYPE OR PRINT NAME

APPROVED BY-

ORIGINAL SHOWED BY TIM W. GUM DISTRICT II SUPERVISOR

District Supervisor

APR 21 1997

CONDITIONS OF APPROVAL, IF ANY: