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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 187504-2088

30-005-62715	_
5. Indicate Type of Lease STATE	

WELL API NO.

P.O. Drawer DD, Artesia, NM 88210				STATE FEE XXX		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 SEP 22 '89			22,83	6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS D. (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		
I. Type of Well:	AS C			Mabel		
well XX wi	AS OTHER			8. Well No.		
,	tion Company, Inc.	J/		9		
3. Address of Operator				9. Pool name or Wildcat		
P.O. Box O 4. Well Location	Albuquerque, NM	87103	3	UND Race Track SA		
	: 330 Feet From The No	rth	Line and 990	Feet From The <u>East</u> Line		
Section 30	Township 10S	Ra		NMPM Chaves County		
	10. Elevation (Sh	ow whether	DF, RKB, RT, GR, etc.)			
		742.4	GR	enort or Other Data		
	Check Appropriate Box to I	ndicate i	Nature of Nouce, K	SEQUENT REPORT OF:		
NOTICE	OF INTENTION TO:		301			
PERFORM REMEDIAL WORK	PLUG AND ABANDO		REMEDIAL WORK	☐ ALTERING CASING ☐		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING			CASING TEST AND C	KXX80k TNAMA		
OTHER:			OTHER:			
12. Describe Proposed or Complet work) SEE RULE 1103.	sted Operations (Clearly state all pertine	ni deiails, ar	nd give pertinent dates, inclu	uding estimated date of starting any proposed		
7/30/89 I	Drill out cement w	ith 6	1/2" bit, dr	ill ahead to TD.		
8/18/89 F	8/18/89 Reached TD at 2315'. Ran open hole logs.					
t C t	three (3) centraliancement with 6#/sactions thirty (30) minutes	zers. ks of	Cemented wisalt. Bumpe	an Dowell float collar and th 100 sacks of self stress d plug to 800#, held pressure n and wait on completion.		
SIONATURE	above is true and complete to the best of my is		nbeder The Engineer	DATE 9/20/89		
TYPE OR PRINT NAME Te I	rrell A. Dobkins			TILEPHONE NO(505)622-055		
	ORIGINAL SIGNED BY			SEP 2 6 1989		

SUPERVISOR, DISTRICT IT

CONDITIONS OF APPROVAL, IF ANY: