Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

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Revised 1-1-89	γv

DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER:

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION 310 Old Santa Fe Tracce Trace 206

> Santa Fe. New Mexico 87503 MAR 0 3 1993

WELL API NO. 30-045-62943 5. Indicate Type of Lease STATE FEE

6. State Oil & Gas Lease No. O. C. D. V-2824 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.) Puffer State "A" i. Type of Well: WELL X WELL | OTHER 8. Well No. 2. Name of Operator BHP Petroleum (Americas) Inc. 9. Pool name or Wildcat 3. Address of Operator 5847 San Felipe, Suite 3600, Houston, Texas 77057 Palma Mesa Siloru-Ordiv 4. Well Location ____ Line and <u>1250</u>___ Feet From The West L: 1980 Feet From The South Unit Letter __ County **NMPM** 8 South Range 24 Township Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3959' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMEN COMMENCE DRILLING OPNS.

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.

OTHER:

CASING TEST AND CEMENT JOB

RAN 38 JTS. of 8-5/8" J-55 32 & 24# ST&C casing totaling 1619 Ft. set at 1610'. Cemented w/750 sx of 35/65 Poz "C" w/6% gel, 2% CaCl2, 1/4# Cellophane Flakes and 4# of Gilsonite/sk tailed w/200 sx of Class "C" w/2% CaCl2, 1/4# Cellophane Flakes. Plug was down at 7:30 AM 2/21/93. Circulated 235 sx to the reserve; WOC 6-1/2 Hrs, cut off 8-5/8" and welded on a 8-5/8" Slip On Weld with a 11"X 3M flange. Nipple up BOP & tested to 1M# (OK).

CHANGE PLANS

I hereby certify that the information above is true and complete to the best of my knowledge and believe the best of my kn	Regulatory Affairs Rep. DATE 2/26/93
TYPE OR PRINT NAME Carl Kolbe	TELEPHONE NO. (713) 780-5301
(This space for State Use) ORIGINAL SIGNED BY MIKE WILL: APPROVED BY SUPERVISOR, DISTRICT II TITLE TITLE TITLE TOTAL TOTAL TOTAL TITLE TOTAL TOTAL TOTAL TITLE TOTAL TOTAL TOTAL TITLE TO	MAR 1 0 1993