

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-08814
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name JH Day
Well No. 2
Pool name or Wildcat JalMat, Tan-Yates-7 Rvrs (Oil)

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
Name of Operator Ralph C. Bruton	
Address of Operator 3500 Acoma Hobbs, New Mexico 88240	
Well Location Unit Letter <u>M</u> : <u>856</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>South</u> Line Section <u>6</u> Township <u>22-S</u> Range <u>36-E</u> NMPM <u>Lea</u> County	
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 ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER: ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

3-5-03 Spot 25 sks of cement @ 3500' Tag 3201' Circulate well with M.L.F. Perf @ 1645' squeeze 35 sks of cement under a packer. Tag @ 1450'

3-6-03 Perf @ 408' Circ. 100 sks of cement 408'-surface.

3-7-03 Cut off wellhead and anchors 3' BGL Install dry hole marker. Clean location

Approved as to Plugging of the Well Bore.
Liability under bond is retained until
Surface restoration is completed.



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

SIGNATURE

TITLE

DATE

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

DISTRICT SUPERVISOR/GENERAL MANAGER

APR 22 2003

CONDITIONS OF APPROVAL, IF ANY: