Submit 3 Copies To Appropriate District Office State of New Mexico	Form C-103
District I Energy, Minerals and Natural Resources 1625 N French Dr. Hobbs, NA4 88240	WELL API NO.
District II 1301 W. Grand Ave , Artesia, NM 88210 OIL CONSERVATION DIVISION	30.025-34070 ✓
District III 1000 Rio Brazos Rd Azil QW87005 2008 1220 South St. Francis Dr.	5. Indicate Type of Lease  STATE XX FEE
District IV 1220 S St Egglis Di Asarti, de District IV	6. State Oil & Gas Lease No.
87505 SUNDRY NOTICES AND REPORTS ON WELLS	VA-1392
(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 )	State 16 8. Well Number 1Y
Type of Well: Oil Well	9. OGRID Number 21566
John R. Stearns dba Stearns	<i>y</i>
3. Address of Operator HC 65 Box 988, Crossroads, NM 88114	10. Pool name or Wildcat  Source West MARROW
4. Well Location	SAWER WEST MARROW
Unit Letter P_:_330feet from the _South line and940feet from the _East line	
Section 16 Township 9S Range 37E NMPM Lea  11. Elevation (Show whether DR, RKB, RT, GR, etc.)	County NM
the second of th	
12 Check Appropriate Poy to Indicate Nature of Notice Person on Other Day	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUE PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	SSEQUENT REPORT OF:
TEMPORARILY ABANDON	RK ☐ ALTERING CASING ☐ ILLING OPNS.☐ ★AND A XX
PULL OR ALTER CASING	IT JOB \( \overline{T}/A \)
	KW4.
OTHER:  OTHER:	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
10-31-08 MIRU TWS, Inc. POH with tubing.	
11-3-08, RIH with BP Set BP @ 11,539' Come off BP with on & off tool, pull up 4 jts and circulate hole with 260 bbls of	
2% Kcl. Pressure casing to 590# and held for 30 min. Held good and rigged unit down.	
This Approval of Temporary	
This Approval of Temporary  Abandonment Expires	
·	
Spud Date: Rig Release Date:	
isig release bate.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
A messey colory that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE Owner DA	TE 11 2 00
	XIE11-3-U8
Type or print name _John R. Stearns E-mail address:  For State Use Only	PHONE: _575-675-2356
APPROVED BY:	140107 2008
APPROVED BY:	DATE

