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OPERATOR		

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION
HOBBS OFFICE O. C. C.

APR 25 11 17 AM '69

5a. Indicate Type of Lease
State [X] Fee [ ]

5. State Oil & Gas Lease No.
OG-5090

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.)

1. OIL WELL [X]   GAS WELL [ ]   OTHER-

7. Unit Agreement Name
Bogle Farms

2. Name of Operator
Earl T. Smith & Associates, Inc.

8. Farm or Lease Name
Bogle Farms

3. Address of Operator
P. O. Box 7407 - Amarillo, Texas   79105

9. Well No. **1**

4. Location of Well
UNIT LETTER **M** , **330** FEET FROM THE **South** LINE AND **330** FEET FROM THE **East** LINE, SECTION **13** TOWNSHIP **11 S.** RANGE **34East** NMPM.

10. Field and Pool, or Wildcat
Wildcat

15. Elevation *(Show whether DF, RT, GR, etc.)*
4141 GR.

12. County
Lea

16.
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 [ ]

PLUG AND ABANDON [X]
CHANGE PLANS [ ]

OTHER _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]
COMMENCE DRILLING OPNS. [ ]
CASING TEST AND CEMENT JOB [ ]
OTHER _____

ALTERING CASING [ ]
PLUG AND ABANDONMENT [ ]
[ ]

17. 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.

Propose to plug in the following manner 4-19-69:

IHP		2478'
Pre-flow	(30 minutes)	28-285'
ISIP	(60 minutes)	1765'
FP	(60 minutes)	285'-656'
FSIP	(90 minutes)	1708'
FHP		2449'

BHT 105° F.
25 sacks cement top stub of 8 5/8"
25 sacks cement shoe surface casing
10 sacks cement at surface.

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

SIGNED _____   TITLE **Earl T. Smith, President**   DATE **4-22-69**

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: