Submit 3 Copies to Appropriate

State of New Mexico erals and Natural Resources Department Energy,

Form C-103 Revised 1-1-89

District Office	
OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	William All IVO.
DISTRICT II Santa Fe, New Mexico 87504-2088	30-025-23053
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
	NA
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
. Type of Well:	PRUITT "C"
OIL GAS OTHER	
. Name of Operator	8. Well No.
D-MIL PRODUCTION INC.	1
Address of Operator	9. Pool name or Wildcat
P. O. BOX 49, ARGYLE, TX 76226	WOLFCAMP WILDCAT
Well Location	, , , , , , , , , , , , , , , , , , ,
Unit LetterJ : 1980 Feet From The SOUTH Line and1.	Feet From The <u>EAST</u> Line
2	TEN C
Section 15 Township 95 Range 34E	NMPM LEA County
//////////////////////////////////////	<u> </u>
Check Appropriate Box to Indicate Nature of Notice	, Report, or Other Data
NOTICE OF INTENTION TO:	UBSEQUENT REPORT OF:
	
ERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
EMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL	LING OPNS. PLUG AND ABANDONMENT X
ULL OR ALTER CASING CASING TEST AND	D CEMENT JOB
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all persinent details, and give persinent dates,	including assimated data of starting any proposed
12. Describe Proposed of Completed Operations (Clearly state at pertinent details, and give pertinent dates, work) SEE RULE 1103.	sectioning estimated date of stations and proposed
MIRU 2/1/94. PLUG #1 2/3/94 5 1/2 CIBP @ 892	
PLUG #2 2/5/94 50 SX 4250' TAG	2/7/94 4060' 5 1/2 STUB 415
· · · · · · · · · · · · · · · · · · ·	2/8/94 338' 8 5/8 STUB 595'
PLUG #4 10 SX SURFACE INSTALL D	RYHOLE MARKER
PLUGGED TO ABANDON 2/8/94	
9.5 MUD BETWEEN ALL PLUGS	

I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 2/8/94 TITLE OPERATIONS MANAGER TELEPHONE NO. 915-520-4103 TYPE OR PRINT NAME

(This space for State Use)