Submit 3 Copies to Appropriate District Office

1. Type of Well:

WELL XX

2. Name of Operator

3. Address of Operator

4. Well Location

11.

P O Box 1714

Unit Letter

PERFORM REMEDIAL WORK

work) SEE RULE 1103.

6500-6175

5150-4780

w/35 sx cement on top.

25 sx

 $\overline{2}5 \text{ sx}$

TEMPORARILY ABANDON

PULL OR ALTER CASING

State of New Mexico Energy, Minerals and Natural Resources Department

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

GAS WELL

Midland,

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

WAGNER & BROWN, LTD

P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

Form C-103 Revised 1-1-89 WELL API NO. P.O. Box 2088 35-025-23068 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease FEE STATE 6. State Oil & Gas Lease No. 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.) DORIS OTHER 8. Well No. 9. Pool name or Wildcat North Baglev Permo Penn : 553.9 Feet From The South Line and 1873.9 _ Feet From The _ East Line Township 11s 33E Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4323'_KB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER:. 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed Set Cast Iron Bridge Plug @ 9350 Cement plugs set as follows: Well plugged and abandoned Cut off wellhead Weld cap 4' below ground level. Cut off Dead Men.

4350-3980	25 sx	Cut off Dead Men.	
3800	35 sx Perf & Sa	Removed all equipment	from location.
1100-582	35 sx		
400	55 sx Perf & Sø		
Surface	10 sx		
hereby certify that the informa	giog above is true and complete to the best of my	knowledge and belief.	
SIGNATURE And	h Briston	mue Operations Supt	DATE 9/14/94
YPE OR PRINT NAME	Kenneth Bristow		915 – TELEPHONE NO. 686–5931
This space for State Use)			:
c-£.	Le F. Lumackill		•
JPPROVED BY	e si mondorga		DATE
ONDITIONS OF APPROVAL, IF /	NY:)