

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO.
35-025-23068

5. Indicate Type of Lease
STATE FEE

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
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

DORIS

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. 1

2. Name of Operator
WAGNER & BROWN, LTD

9. Pool name or Wildcat
NORTH BAGLEY PERMO PENN

3. Address of Operator
P O BOX 1714 MIDLAND, TX 79702

4. Well Location
Unit Letter 0 : 553.9 Feet From The South Line and 1873.9 Feet From The East Line
Section 18 Township 11S Range 33E NMPM LEA Country

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4323' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING OTHER:
SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING 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 work) SEE RULE 1103.

Set Cast Iron Bridge Plug @ + 935'
w/35 sx cmt on top & set cmt plugs as follows:

Bottom	Sacks
6500	25
5150	25
4350	35
3800	35 Perf & sq
1100	35
400	35 Perf & sq
Surface	10

Casing Detail
13-3/8" set @ 366' w/400 sx cmt
8-5/8" set @ 3777' w/200 sx cmt
4-1/2" set @ 10420' w/550 sx cmt

LOG TOPS			
Anhydrite	1710	Abo	7340
San Andres	3700	Wolfcamp	8588
Glorieta	5130	M Penn	9910
Tubb	6530	Strawn	10110

PERFS
9457-59; 9506-07; 9981-10322

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Kenneth Bristow TITLE Operations Supt DATE 8/29/94
TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)
APPROVED BY [Signature] TITLE _____ DATE _____

AUG 31 1994

CONDITIONS OF APPROVAL, IF ANY:
THIS COMMISSION MUST BE NOTIFIED 24
HOURS BEFORE THE CLOSING OF