

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

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

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

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

WELL API NO.	30-025-23519
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	OG-5204

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. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Petroleum Production Management, Inc.

3. Address of Operator
P.O. Box 957 Crossroads, New Mexico 88114

4. Well Location
Unit Letter I : 1980 Feet From The South Line and 510 Feet From The East Line
Section 16 Township 9-S Range 35-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4161' GR

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.

1. Move in and rig up plugging unit.
2. Set CIBP at 4550'. Spot 50' of cement on top of plug.
3. Load hole with salt gel mud.
4. Cut and pull 5 1/2" casing (approx. 4200'). Spot 100' cement plug 50' inside and 50' outside of 5 1/2" casing stub. Tag plug.
5. Spot 100' cement plug at base of 8 5/8" casing at 4080'.
6. Cut and pull 8 5/8" casing (approx. 800'). Spot 100' cement plug 50' inside and 50' outside 8 5/8" casing stub. Tag plug.
7. Spot 100' cement plug at base of 12 3/4" casing at 390'.
8. Spot 50' cement plug at surface. Install dry hole marker. Clean location.

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

SIGNATURE Gary T. Cothran TITLE District Superintendent DATE 9-8-94

TYPE OR PRINT NAME Gary T. Cothran TELEPHONE NO. 675-2478

(This space for State Use)
DISTRICT SUPERVISOR

SEP 12 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP - 6 1994

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