STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P.O. Box 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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

5. 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.)

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

7. Unit Agreement Name
-

2. Name of Operator
Read & Stevens, Inc.

8. Farm or Lease Name
Santa Fe

3. Address of Operator
P.O. Box 1518, Roswell, NM 88201

9. Well No.
5

4. Location of Well

UNIT LETTER C . 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE. SECTION 35 TOWNSHIP 10S RANGE 36E NMPM

10. Field and Pool, or Wildcat
Dickenson San Andres

5. Elevation(Show whether DF,RT,GR,etc.)
3981.3' GR

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[X]
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	[ ]		

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) Perforate tubing @ 3700', pump 200sx Class "C" cmt down annulus.

2) Cut tubing off @ 1000', circulate hole with Brine mud.

3) Spot 100' cmt plug, 25sx Class "C" cement, 1000' to 900'.

4) Spot 10sx Class "C" cmt at surface with dry hole marker.

5) Clean location, cut anchors and prep for inspection.

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

SIGNED [signature] TITLE Drilling & Production Manager DATE 7-3-84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUL - 6 1984

CONDITIONS OF APPROVAL, IF ANY: