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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 OIL CONSERVATION DIVISION		WELL API NO.		
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			30-025-303	84
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of L	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Le	STATE FEE
			V-2234	
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 Un	it Agreement Name
1. Type of Well:			State 3	5
well well other Dry Hole				
2. Name of Operator Union Pacific Resources Company			8. Well No.	
3. Address of Operator			9. Pool name or Wildcat	
P. O. Box 7 - MS 3407, Fort Worth, TX 76101-0007 4. Well Location			Vada (Devonian)	
Unit Letter <u>C</u> : <u>725</u> Feet From The <u>North</u> Line and <u>2040</u> Feet From The <u>West</u> Line				
Section 35	Township 10S Ra		<u>NMPM Lea</u>	County
4196.7' GR				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
		REMEDIAL WORK		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING				
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.				
Operations to plug and abandon began 12-6-89 and were completed 12-7-89.				
Spotted 65 SX Class "C" w/2% CaCl from 4259-4008'. WOC 4 hrs.				
Spotted 35 SX Class "C" w/2% CaCl from 2000-1866'. SDFN.				
Cut off 13-3/8" x 11" head.				
Pumped 15 SXS Class "C" w/2% CaCl down 13-3/8" casing for surface plug.				
Installed dry hole marker and cleaned location.				
I hereby certify that the information above is the and complete to the best of my knowledge and belief.				
SIGNATURE Kris_ Ci	urran m	<u>e</u> <u>Regulatory</u>	Analyst	date <u>12-10-91</u>
TYPE OR PRINT NAME Kris Curr	an			(817) 877-6000 TELEPHONE NO.
(This space for State Use)	d			
APPROVED BY TIME N. M.	Lil m	£		DATE
CONDITIONS OF APPROVAL, IF ANY:				