Submit 3 Copies to Appropriate District Office

1. Type of Well:

WELL X

2. Name of Operator

3. Address of Operator

Well Location

11.

Unit Letter _

PERFORM REMEDIAL WORK

work) SEE RULE 1103.

DRLG 1' PER HR.

4/7 THRU 4/11 DRLG

TEMPORARILY ABANDON

PULL OR ALTER CASING

Section

State of New Mexico

Form C-103

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

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

1000 Rio Brazos Rd., Aztec, NM 87410

WELL |

OIL CONSERVATION DIVISION

Energy, Minerals and Natural Resources Department Revised 1-1-89 WELL API NO. P.O. Box 2088 30-025-30724 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease FEE 6. State Oil & Gas Lease No. L. G. 1041 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.) KELLAHIN 14 STATE OTHER 8. Well No. SPENCE ENERGY COMPANY 9. Pool name or Wildcat 4849 GREENVILLE AVENUE, #381, DALLAS, TEXAS 75206 SOUTH FLYING M - ABO 1980 Feet From The SOUTH 330 Line and Feet From The Line 32E Township Range **NMPM** LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4338 G.L. 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 DRILLING AROUND JUNK OTHER:_ 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed 4/6/90 MIRI. PU DP & DC. TAGGED PLUG @ 5106, DRESSED OFF PLUG @ 5123'. CIRC BTMS UP RAN MULTI-SHOT TOOL. DIRECTIONAL STATUS OF ORIGINAL WELL BORE @ 5088' IS 3/4 DEGREE IN A NORTH 35 DEGREE 0 DEGREE WEST DIRECTION. TIH W/BIT & MOTORS. STARTED DRLG @ 5126'. 4/12/90 DRLG @ 6772'. MW 10.4, VIS 36. WOB 40,000#, 65 RPM. SURVEY: 6127' 1-3/4 DEGREE 0 SOUTH 2 WEST

f	
I hereby certify that the information above is true and eemplete to the best of my knowledge and belief.	
SIGNATURE L. O. SPENCE	DATE 4/12/90
TYPE PINT NAME	TELEPHONE NO.
(This space for State Use)	APR 1 6 1990
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON APPROVED BY DISTRICT I SUPERVISOR TITLE	DATE