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

CONDITIONS OF AFFROVAL, IF ANY:

OIL CONSERVATION DIVISION

| P.O. Box 1980, Hobbs, NM 88240  | P.O. Box 2088                                  |                                       | WELL API NO.                                 |
|---|--|---------------------------------------|--|
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210  DISTRICT III  Santa Fe, New Mexico 87504-2088  |  | 30-025-31497                          |  |
|   |  | 5. Indicate Type of Lease STATE FEE X |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410  |  |                                       | 6. State Oil & Gas Lease No.                 |
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" |  |                                       |  |
|   |  |                                       | 7. Lease Name or Unit Agreement Name         |
| (FORM C   | -101) FOR SUCH PROPOSALS.)                     |                                       | <b>.</b>                                     |
| OL X GAS WELL   | OTHER  |                                       | Cooper 24                                    |
| 2. Name of Operator Spence Energy Co.   |  |                                       | 8. Well No.                                  |
| 3. Address of Operator  | 0. #001 D 11 E                                 | 75006                                 | 9. Pool name or Wildcat                      |
| Well Location   | Ste#381 Dallas, Texas                          | 75206                                 | South Flying M-Abo                           |
|   | Peet From The West                             | Line and330                           | Feet From The North Line                     |
| Section 24  | Township 9S Ra                                 | nge 32E                               | NMPM Lea County                              |
|   | 10. Elevation (Show whether 1                  | DF, RKB, RT, GR, etc.)                |  |
| 1. Check  | Appropriate Box to Indicate N                  | Nature of Notice, R                   | eport, or Other Data                         |
| NOTICE OF IN  | FENTION TO:                                    |                                       | SEQUENT REPORT OF:                           |
| ERFORM REMEDIAL WORK  | PLUG AND ABANDON X                             | REMEDIAL WORK                         | ALTERING CASING                              |
| EMPORARILY ABANDON  | CHANGE PLANS                                   | COMMENCE DRILLING                     | OPNS. PLUG AND ABANDONMENT                   |
| ULL OR ALTER CASING   |  | CASING TEST AND CE                    | EMENT JOB .                                  |
| THER:   |  | OTHER:                                |  |
| Describe Proposed or Completed Opera<br>work) SEE RULE 1103.  | tions (Clearly state all pertinent details, an | l<br>d give pertinent dates, inclu    | ding estimated date of starting any proposed |
| Set 100' plug across  | s Perf. 8282-8328 It has                       | s allready been                       | done.  |
| <ol> <li>Fill hole w/ Mud.</li> </ol>   |  |                                       |  |
| 2) Cut Casing of @ 5  | in & 50° out of 5 1/2                          | out of 704                            |  |
| 4) Set 100' plug @ t  | op of San Andres format                        | tion /#4                              |  |
| 5) Set 100' plug @ b  | ottom of Surface casing                        | (1661') 100                           |  |
| 6) Set 100' plug @ 6  |  | 1                                     |  |
| 7) Set 10 sx. plug a  | t surface                                      |                                       |  |
| 9) level all pits &   | appropriate informatio                         | on.                                   | ·  |
| ,,  | out doub man off.                              |                                       | •  |
|   |  | gram amerikan                         | 'SSION MUST BE NOTIFIED 24                   |
|   |  |                                       | OF THE BECTHERING OF CHERATIONS FOR THE CAOS |
| I hereby certify that the information aboye is tru  | e and complete to the best of my knowledge and |                                       | OVED.  |
| SIGNATURE LOY SOO   | ncem   | . Prod. a                             | nalysis DATE 6-24-92                         |
| TYPEOR PRINT NAME CLAY  | Spence   | •                                     |  |
| (This space for State Use)  |  |                                       |  |
| APPROVED BY   | **************************************         | •                                     | ~  |
|   | m  | A                                     | DATE   |

## RECEIVED

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REGEREN

. JUNO 1992