State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.

5. Indicate Type of Lease
STATE ☐   FEE XX

6. 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.)

7. Lease Name or Unit Agreement Name

Hayes

1. Type of Well:
OIL WELL XX   GAS WELL ☐   OTHER

2. Name of Operator
SMITH AND MARRS, INC.

8. Well No.
3

3. Address of Operator
1110 N. Big Spring Midland, Tx 79701

9. Pool name or Wildcat
Allison Penn

4. Well Location

Unit Letter __L__ : __1980__ Feet From The __S__ Line and __660__ Feet From The __W__ Line

Section __29__   Township __8S__   Range __37E__   NMPM   Roosevelt   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4054'

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON XX	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: _____ ☐		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. We will notify the OCD prior to beginning plugging operations

1) Rig up pulling unit

2) Set CIBP at 9540' and cap with 35' cmt.

3) Run free point on 5 1/2" casing

4) Cut and pull 5 1/2" and set 100' plug across stub, 50' in and 50 out.

5) Set 100' at top of Abo at 7708'

6) Set 100' plug at 8 5/8" shoe, 50' in and 50' out.

7) Set 100' plug at top of Salt at 2350'.

8) Set 10 sx at surface and install dry hole marker, clean location.

∴ Hole will be loaded with 10# gel.

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

SIGNATURE _____   TITLE __Agent__   DATE __5-8-91__

TYPE OR PRINT NAME   Michael L. Pierce   TELEPHONE NO. 392-1915

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____   TITLE _____   DATE __MAY 1991__

CONDITIONS OF APPROVAL, IF ANY: