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 P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

WELL API NO.

P.O. Box 2088	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 8'	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	STATE FEE XX 6. State Oil & Gas Lease No.
	G. State Oil of Can Lease 140.
SUNDRY NOTICES AND REPORTS ON WELL	TO THE PARK TO A
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN O DIFFERENT RESERVOIR. USE "APPLICATION FOR PERM	
(FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:	
OIL GAS WELL OTHER	Hayes
2. Name of Operator	8. Well No.
SMITH AND MARRS, INC. 3. Address of Operator	9. Pool name or Wildcat
1110 N. Big Spring Midland, Tx 79701	Allison
4. Well Location	
Unit Letter N : 660 Feet From The S	Line and 1980 Feet From The \overline{W} Line
Section 29 Township 8S Range	NMPM Roosevelt County
10. Elevation (Show whether DF	, RKB, RT, GR, etc.)
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 X	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 g	ive pertinent dates, including estimated date of starting any proposed
work) SEE RULE 1103. We will notify the OCD prior to	beginning plugging opertions
1) Rig up pulling unit.	
2) Set CIBP at 9550' and cap with 35' cmt.	
3) Set 100' plug at Abo at 6898'.	
4) Run free point on 5 1/2" casing	
5) Cut and pull 5 1/2" casing and set 100'	plug across stub 50' in and 50' out.
6) Set 100' plug across 8 5/8" casing shoe	
7) Set 100' plug at top of Salt at 2337'	
	1 1 1
8) Set 10 sx at surface, install dry hole m	harker, and clean location.
* Hole will be loaded with 10# gel.	
I hereby certify that the information above in true and complete to the best of my knowledge and beli	d.
SIONATURE TITLE	Agent 5-8-91
TYPEOR PRINT NAME Michael L. Pierce	TELEPHONE NO. 392-1915
(This space for State Use) Drig. Sign. by,	
Paul Kautz	MAY 0 9 1991
APPROVED BY	DATE OF THE PART O