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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-3631
7. Unit Agreement Name North Caprock Queen Unit 2
8. Farm or Lease Name Tract #27
9. Well No. 5
10. Field and Pool, or Wildcat Caprock queen
12. County Chaves

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Anadarko Production Company
3. Address of Operator P. O. Box 647, Artesia, New Mexico 88210
4. Location of Well UNIT LETTER M , 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 11 TOWNSHIP 13S RANGE 31E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4419 GL

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☒

17. 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.

Set Abandonment plug at 3010', pumped 35' cement on top of plug. Shot off oil string at 880', pumped 30 sacks cement at casing cut off point, pumped 40 sacks cement at base of surface casing, 10 sacks at surface with heavy mud between all plugs. Set surface marker and cleaned up location.

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

SIGNED B. D. Murray, Jr. TITLE Agent DATE 5/10/74
APPROVED BY John W. Runyan TITLE DATE
CONDITIONS OF APPROVAL, IF ANY: