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. C COPIES RECEIVED		Form C-103
TRIBUTION		Supersedes Old C-102 and C-103
T FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State Fee
OPERATOR	2	5. State Oil & Gas Lease No.
	30-005-00927	E-521
SUN 100 NOT USE THIS FORM FOR USE "APPLI	IDRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ICATION FOR PERMIT	
1.		7. Unit Agreement Name
OIL GAS WELL	OTHER- Injection Well	
2. Name of Operator		8. Farm or Lease Name Drickey
Weldon S. Gue	est & I. J. Wolfaun	Queen Sand Unit Tr 28
3. Address of Operator		9. Well No.
c/o Oil Repor	rts & Gas Services, Inc., Box 763, Hobbs, N.M.	*
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER N	660 FEET FROM THE South LINE AND 1980 FEE	T FROM Caprock Queen
UNIT CETTER		
Weat	ECTION 35 TOWNSHIP 13 S RANGE 31 E	. NMPM. (()))))))))))))))))))))))))))))))))))
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	4413	Chaves AllIIIII
^{16.} Chee	ck Appropriate Box To Indicate Nature of Notice, Report	or Other Data
	F INTENTION TO: SUBSEC	UENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER	
OTHER		

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.

Subject well plugged and abandoned 11/10/73 as follows:

Set cast iron bridge plug @ 2910 & capped with 5 sacks cement. Shot & pulled 5 1/2" casing from 586. Spotted plug from 586 to 686 with 25 sacks. Spotted plug from 300 to 400 with 25 sacks. Set 10 sack plug at surface with regulation marker. 10.1# mud (visc. 32) between all plugs.

(k)		
18. I hereby certify that the information above is true and c	omplete to the best of my knowledge and belief.	
SIGNED 11 English	TITLE Agent	DATE 11/20/73
APPROVED BY JOHN W. Kunger	N	DATE
CONDITIONS OF APPROVAL, IF ANY:		