## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

CHOI AND MINICHALS DEPARTIVE				
HO. 00 EQUIES ACCEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
OPERATOR	1			

## OIL CONSERVATION DIVISION

Form C-103 -

DISTRIBUTION SANTA FE	SANTA FE, NEW MEXICO 87501				Revised 10-1-78		
FILE	j	I C, NEW MEX	100 87301	Sa. Indicate Type	of Lease		
U.S.G.S.			•	State X	F•• 🔲		
DERATOR OPERATOR				5, State Oil & Ga	s Lease No.		
	<u>,</u>			061135	,,,,,,,,,,,,,,,		
SUNDR SUNDR THIS FORM FOR PRO USE "APPLICAT	Y NOTICES AND REI	PORTS ON WELL PEN OR PLUG BACK TO A 1-101) FOR SUCH PROPO					
1. OIL XX WELL	OTHER-			7. Unit Agreemen			
2. Name of Operator	ion Too			8. Form or Lease Annarco	· Name		
Tierra Explorat	ion, inc.			9. Well No.			
	Hobbs, New Me	exico 88241		1			
4. Location of Well				10. Field and Po	ol, or Wildcon -San Andres		
UNIT CETTER N	2310 FEET FROM THE	WestLINE	990 PEET		San Andres		
THE South LINE, SECTION	ON TOWNS	<u>.</u>		имрм.			
	15. Elevation (S		, GR, eic.)	12. County			
		4407' DF		Chaves	_0111111111		
Check A	Appropriate Box To	Indicate Nature		r Uther Data JENT REPORT OF:			
NOTICE OF IN	NTENTION TO:		2083500	JENI REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND	ABANDON X REMED	IAL WORK	ALTER	ING CASING		
TEMPORARILY ABANDON		СОММ	INCE DRILLING OPNS.	PLUS A	ND ASAHDOHMENT		
PULL OR ALTER CASING	CHANGE PL	<b>-</b> 1	TEST AND CEMENT JOB	J			
		~ · · · · · · · · · · · · · · · · · · ·	ER	<del></del>			
отием				<del></del>			
17. Describe Proposed or Completed Opwork) SEE RULE 1 103.	erations (Clearly state all	pertinent details, and	give pertinent dates, incl	uding estimated date of s	itarting any proposed		
1. Set CIBP at	4200'.				•		
2. Set 20 sx p	lug in 4-1/2" cas	sing on top of	plug at 4200'.				
3. Perf 4-1/2"	casing at 1900'.	Squeeze cem	•	Leave			
. •	n 4-1/2" casing 2	2000-1850'.					
	lug at surface.						
5. Weld cap on	4-1/2" casing.	Set dry hole	marker.				
6. Clean locati	ion for OCD inspe	ection.	•				
	•						
		10 (10 1 ) A (10 11 11 11 11 11 11 11 11 11 11 11 11 1					
		density wy w					
18. I hereby certify that the information	above is true and complete	to the best of my kno	owiedge and bellel.				
Janes Car E. Clo	uk	TITLE Off	ice Manager	DATE Augu	st 27, 1985		
V	V IENDY CEYTAN			Alic	2 / 100=		
ORIGINAL SIGNED BY		TITLE		PATE	3 0 1985		

DISTRICT I SUPERVISOR

RECEIVET

AUG 29 1985

O. C.M. March radius