STATE OF NEW MEXICO



ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION HOBBS DISTRICT OFFICE

BRUCE KING GOVERNOR November 10, 1992

POST OFFICE BOX 1980 HOBBS, NEW MEXICO 88241-19 (505) 393-6161

Plains Radio Petroleum Company Attn: Fred Pool, Jr.

P.O. Box 9354

Amarillo, TX 79105-9354

Gentlemen:

Form C-103, Report of Plugging, for your Carson State #1-A Sec 32, T8S, R31E

Lease Well # Unit S-T-R cannot be approved until a Division representative has made an inspection of the location and found it to be cleared to comply with Division Rules and Regulations. Please check each item in the space provided to indicate that the work has been done.

 (\mathbf{V}) 1. All pits have been filled and levelled.

) 2. Rat hole and cellar have been filled and levelled.

- (V) 3. A steel marker 4" in diameter and approximately 4' above ground level as been set in concrete. It must show the <u>Operator, Lease Name, Well</u> <u>Number, Quarter/Quarter Section or Unit Designation, Section, Township</u> and <u>Range</u> numbers which have been permanently stenciled or welded on the marker.
- (\checkmark 4. The location has been levelled as nearly as possible to original top \checkmark ground contour and has been cleared of all junk and equipment.
 - 75. The dead men and tie downs have been cut and removed.
- (\checkmark) 6. If a one well lease or last remaining well on lease, the battery and burn pit locations have been levelled and cleared of all junk and equipment.

The above are minimum requirements and no plugging bond will be released until all locations for plugged and abandoned wells have been inspected and Forms C-103 approved. When all of the work outlined above has been done, please notify this office by filling in the blank form below and retuning this letter to us so that our representative will not have to make more than one trip to the location.

OIL CONSERVATION DIVISION 1 AM Sexton, Supervisor Dist I

FILL IN BELOW AND RETURN

PLEASE SUBMIT FOLLOWING:

1) C-105

- 2) Notarized deviation survey
- 3) One complete set of logs

I certify that the above work has been done and the

	and active one			
is ready for your inspecti	on and approval.	LÉASE	WELL #	UL-S-T-
Lain Volin	-D.I Cor			
OPERATOR			$\alpha \alpha \sigma$	
NAME & TITLE	agent ap	m110/1	475	
	DATE			