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 P.O. Box 2088		WELL API NO. 30-025-28996	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIF	S AND REPORTS ON WELL FALS TO DRILL OR TO DEEPEN OR. USE "APPLICATION FOR PER FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL XX WELL	OTHER		LOWE LAND COMPANY
2. Name of Operator ECHO PRODUCTION, INC.			8. Well No.
3. Address of Operator			9. Pool name or Wildcat
P.O. BOX 1210 GRAHAM, TX 76450 4. Well Location		KING (DEVONIAN), NORTH	
Unit Letter C: 330 Feet From The NORTH Line and 2310 Feet From The WEST Line			
Section 3 Township 13S Range 37E NMPM LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3890.3 GR			
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
NOTICE OF INTER	<u></u>		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB L
OTHER:		OTHER:	
12. 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 CIBP @ 11,475'. DUMPED 4 SACKS OF CMT ON PLUG. SPOT 25 SACK PLUG @ 8900'. SPOTTED 35 SACK PLUG @ 7086.11 - TAGGED UP ON 35 SACK PLUG @ 7086'. TOP OF FILL @ 6960'. SPOTTED 60 SACK PLUG @ 4632'. PULLED TUBING TO 2209' AND PUMPED 35 SACK PLUG. PULLED TUBING OUT OF HOLE. PUT 10 SACK PLUG AT SURFACE. CUT 8 5/8" AND STARTING HEAD OFF. PUT PLATE ON 12 3/4" PIPE. PUT UP MARKER ON 1/4/95.			
JERRY FROM HOBBS OFFICE OKAYED PLUGS. HE WAS THERE TO WITNESS.			
COPY OF COMPLETE PROCEDURE ATTACHED.			
I hereby certify that the information above is true and	Oll/man	belief. Le PRODUCTION	AGENT pate 1/9/95
TYPE OR PRINT NAME RONDA WEL	! MAN		TELEPHONE NO. 817-549-329
(This space for State Use)		640 5 94. 6	WIN A A LOAD
APPROVED BY Tayle . LE CONDITIONS OF APPROVAL, IF AND	m m	-40 HTAE56A 12	MAR 06 1995