- Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Mi 's and Natural Resources Department			Form C-103 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONS	WELL API NO.			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			30-041-20536 5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				STATE FEE X   6. State Oil & Gas Lease No. FEE X	
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.)				7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS	GAS WELL OTHER			Lambirth	
WELL     WELL       2. Name of Operator     EP Operating Company				8. Well No. 10	
3. Address of Operator 6 Desta Drive, Suite 52	250, Midland,	TX 79705-	-5510	9. Pool name or Wildcat South Peterson Fusselman	
4. Well Location Unit Letter D : 810	<u> </u>	N	Line and 660	Feet From The West Line	
Section 31		4384.4	DF, RKB, RT, GR, esc.) GR	NMPM Roosevelt County	
	Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
	PLUG AND A	BANDON X	REMEDIAL WORK		
PULL OR ALTER CASING			CASING TEST AND C		
OTHER:			OTHER:		
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	ations (Clearly state all	pertinent details, an	d give pertinent dates, inclu	ding estimated date of starting any proposed	
bal approval was given w/150 sacks Class H Nea porarily abandoned 10/3 Circulate hole w/9.5# r Lay 20 sk. plug from 30 Cut $5\frac{1}{2}$ " casing @ 2000'	by Oil Conse at cement. 3 31/89. Plans mud laden flu 040'-140' (50 and lay casi	rvation Div 5' of cemer are to plu id. ' above & f ng down. 056' (50' 1	vision to set 5 nt was dumped o 1g and abandon 50' below top o 5elow intermedi		
Lay 40 sk. cement plug Lay 10 sk. surface plug Cut off casinghead, we	g •		all dry hole ma	rker.	
I hereby certify that the information above is tr	-			• • • • • • • • • • • • • • • • • • • •	
SIGNATURE A.D. Ka	4	m	re Production Su	perintendent 11/08/91	
TYPE OR PRINT NAME S. D. Reed	1		(9	15) 682-9756 <b>TELEPHONE</b> NO.	
(This space for State Use)	· · · · · · · · · · · · · · · · · · ·				
APPROVED BY		TH	LE	DATE	
CONDITIONS OF APPROVAL, IF ANY:					

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