NO. OF COPIES RECEIVED				Form C-103	
DISTRIBUTION				Supersedes Old C-102 and C-103	
SANTAFE	NEW MEXICO OIL CONSI	ERVATION COMMISSION	Effective	1-1-65	
FILE			F- 1-41-41-5	Pura of Lagra	
U.S.G.S.			[ ·	Type of Lease	
LAND OFFICE			State	Gas Lease No.	
OPERATOR	<u>.</u>		5, State Off (	, Gas Lease No.	
CLINID	NA MOTICES AND DEPORTS ON	WELLS	nnn	mmmm	
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.)				ement Name	
1. OIL GAS WELL	OTHER. Dry				
2. Name of Operator			i i	8. Farm or Lease Name	
Enserch Exploration, Inc. 3. Address of Operator			Helen 9. Well No.	Helen Lambirth  9. Well No.	
P. O. Box 4815, Midlar	nd, Texas 79704		1		
				10. Field and Pool, or Wildcat	
4. Location of Well  UNIT LETTER KH . 660 FEET FROM THE North LINE AND 660 FEET FROM			ET FROM Wildca	t	
THE East LINE, SECTION 18 TOWNSHIP 6S RANGE 34E NMPM.				.11111111111111111111111111111111111111	
15. Elevation (Show whether DF, RT, GR, etc.) 4370.7' GR			Rooseve	1t	
16. Check	Appropriate Box To Indicate N	ature of Notice, Report	or Other Data		
NOTICE OF I	NTENTION TO:	SUBSE	QUENT REPORT	OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK		LTERING CASING	
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	P	LUG AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB			
POLE ON ALTER SASTRE	—	OTHER			
OTHER					
17. Describe Proposed or Completed (	operations (Clearly state all pertinent details	ails, and give pertinent dates, i	ncluding estimated dat	e of starting any proposed	
work) SEE RULE 1903.	chandon woll within 30 d	2376			
Plans are to plug and	abandon well within 30 d	ays.			
	n 35' Class H cement from	7635' to 7600'			
Cut off 5-1/2" casing	at 5500'	55501			
Lay 25 sack Class H co	ement plug from 5450' to	20501			
Lay 40 sack Class H c	ement plug from 1959' to	2039			
Lay 10 sack Class H c					
Cut off 9-5/8" casing					
Install dry hole mark					
Mud placed between al	r brage.				
× 3.	1				
	A STATE OF THE STA				
	**************************************				
18. I hereby certify that the informati	on above is true and complete to the best	of my knowledge and belief.			
5171	7/	-1 0	_	11/02	
SIGNED H. Buch		od. Superintendent	DATE	3/1/83	
H. F. Burne	NED BY JERRY SEXTON		1	MAR 4 1983	
ORIGINAL SIG			DATE	UMU # 1000	
APPROVED BYDISTRI	CT   SUPERVISOR TITLE				

MAR 3 1983 HOBBS CFFICE

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