Submit 3 Copies to Appropriate District Office

## 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  DISTRICT II P.O. Drawer DD, Arlesia, NM 88210  OIL CONSERVATION DIVISION P.O. Box 2088  Santa Fe, New Mexico 87504-2088			WELL API NO.	041-20819
			5. Indicate Type of Lasse STATE FEE XX	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 8741	0		6. State Oil & Gas Leas	e Na
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. Lesse Name or Unit Agreement Name  SPEIGHT	
1. Type of Well: OIL GAS WELL WELL COTHER				
2 Name of Operator MARSHALL PIPE & SUPPLY COMPANY			8. Well No. 1	
3. Address of Operator 13423	Forestway Dr., Dallas	, Tex. 75240	9. Pool name or Wildon Tule-Monte	
4. Well Location  Unit Letter	1400 Feet From The South	Line and 128	O Feet From The	East Line
2.2 Section	Township 2 South Ra	29 East	NMPM Rooseve	1t County
	10. Elevation (Show whather 4388	DF, RKB, RT, GR, etc.)		
	ck Appropriate Box to Indicate I	Nature of Notice, R	eport, or Other Da	ita
NOTICE OF	INTENTION TO:	SUE	SEQUENT REP	1
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN		IG AND ABANDONMENT L
PULL OR ALTER CASING		CASING TEST AND C	Jule mon	tanks [
OTHER:		1		
12. Describe Proposed or Completed ( work) SEE RULE 1103.	Operations (Clearly state all pertinent details, a	nd give pertinent dates, incl	ding estimated date of star	ting any proposed
6-19-90	Pulled 2" standing nipple at 7048', to	valve, and roplug off the	an 2" Plug i e Tule-Monto	n "N" oya.
	We will continue to Formation in the Sp	produce the peight.	Tule-Pennsy	lvanian
I hereby certify that the information above	is true and complete to the best of my knowledge an			6-27-90
SIGNATURE J.W. Mars		mr <u>Partner/</u>	perator	$\frac{\text{DATE}}{214 - 239 - 72}$
p.w. Mars	oliar <sub>t</sub>			TELEPHONE NO.

Thereby certify that the information above is true and complete to the best of my knowledge and belief.

TITLE PART THE PART OPERATOR

THE PART OPERATOR FRINT NAME

THE PART OPERATOR FRINT NAME

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

TITLE

DATE

6-27-90

214-239-7284

TELEPHONE NO.

CONDITIONS OF AFFROVAL, IF ANY: