## State of New Mexico

Submit 3 Copies to Appropriate District Office	Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-01271
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		STATE XX FEE  6. State Oil & Gas Lease No.  NM-259	
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 WELL XX WELL	OTHER		Phillips State
2. Name of Operator			8. Well No.
FINA OIL AND CHEMICAI	COMPANY		1
3. Address of Operator PO Box 10887, Midland	1, Tx. 79702		9. Pool name or Wildcat Kemnitz Wolfcamp
4. Well Location	13 IX. 75702		Remitted Wolfeamp
Unit Letter <u>I</u> : <u>1980</u>	Feet From The South	Line and 660	Feet From The East Line
Section 25	Township 16S Ra	nge 33E	NMPM Lea County
	10. Elevation (Show whether		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🥰	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONN			OPNS. DPLUG AND ABANDONMENT 🗵
PULL OR ALTER CASING CASING TEST AND CE		EMENT JOB	
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.  (1) Set CIBP @ 10,725' & cap w/35' cement (2) Load hole w/mud			
(3) Cut 5½ casing @ 4547', pull out of hole			
(4) Spot 25 sacks cement plug @ $7625$ ' 8 $5/8$ shoe (5) Spot 25 sacks cement @ $5\frac{1}{2}$ stub $4600$ ', W.O.C. Tag cement top @ $4492$			
(6) Spot 30 sacks cement plug @ 1700'			
(7) Spot 30 sacks coment plug @ 415!			
(8) Spot 10 sacks cement plug@ surface, set P&A marker 4-5-Q4 by Jim			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Use information above is the	e and complete to the best of my knowledge and	, t= , t= (	Secretary DATE 4-10-94
TYPE OR PRINT NAME			() TELEPHONE NO.

(This space for State Use) JUL 15 1994 CONDITIONS OF APPROVAL, IF ANY:

Sec. 1994