PERFECT   DIL CONSERVATION DIVISION PLO. Box 1084, NMA 8210   VELLATING. PLO. Dox 2008, 30-023-02785     PERFECT   Santa Fe, New Mexico 87504-2088   30-023-02785     DESTRUCT   Santa Fe, New Mexico 87504-2088   5. Iodian Type d Late No.     SUNDERV NOTICES AND REPORTS ON WELLS.   6. Seis Ol A Get Late No.     (DO NOT USE THIS FORM CONFERENCE LINE CONCENS).   2. Name of Denser     TATES PERFECT   (DOM CONFORCENCIAL CONCENTROCOSALS).     105 South Ath. St. Artessia, NH 80210   1. Well No.     1 Address of Opener   1. State Inter of Wall Agreement Name     105 South Ath. St. Artessia, NH 80210   1. Berg 352     1 Matter of Controlement Controlement Name of Notice, Report, or Other Data     NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:     1 Matterial for the Notice Interest of NAME of Notice, Report, or Other Data     NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:     Perform Remediat work   Outage Namer of Notice, Report of Controlement Channe	Submit 3 Copies to Appropriate District Office	State of New Mexico rgy, Minerals and Natural Resources Departme		Form C <sub>1</sub> 103 Revised 1-1-89
DESTRUCTION   3.0-02.2-02.28.5     SO, Drawe DD, Anteia, NM 8210   Sania FE, New Mexico 87504-2088     DESTRUCTION   5. Indicatory of Lass     DESTRUCTION   SUNDERV NOTICES AND REPORTS ON WELLS     (DO NOT USE THIS FORM FOR PROFOSALS TO GRILL OR TO DEFEND OF PLUG BACK TO A   7. Less Name of Definition (Control and Profosals)     1. Type of With   COMMON TON PROFOSALS TO GRILL OR TO DEFEND OF PLUG BACK TO A   7. Less Name of Definition (Control and Profosals)     1. Type of With   COMMON TON PROFOSALS TO GRILL OR TO DEFEND OF PLUG BACK TO A   7. Less Name of Definition (Control and Profosals)     1. Type of With   Common   8. Well Name   7. Less Name of Definition (Control and Profosals)     1. Type of With   Common   8. Well Name   8. Well Name     1. Type of With   Common   8. Well Name   8. Well Name     1. Type of With   Common   9. Woll name or Witket     1. Type of With   G. State Name   1. State Prove Name   1. State Prove Name     1. Type of With   G. State Name   1. State Prove Name   1. State Prove Name     1. Type of With   G. State Name   Not Name   1. State Prove Name   1. State Prove Name     1. Weil Localise   G. State Prove Name   Not Name	DISTRICT I P.O. Box 1980, Hobbs, NM 88240			WELL API NO.
DESTRUCTION   STATE   FEE     DOTABLE PROVE NAME OF PROPENDANCE AND REPORTS ON WELLS   Control of Control of PROPENDANCE OF PROPEND	DISTRICT II Santa Fe, New Mexico, 87504-2088			
(DONOT USE THIS FORM FOR PROCEALS TO DRILL ON TO DEEPEN OF PLUG BACK TO A DIFFERENT RESERVORT. USE APPLICATION OR PERMAT   I. Lake Name of Dial Agreement Name     1. Type of Weil: "Wail	DISTRICT III			STATE FEE X
There if Operator   Well No.   I     1. Norme if Operator   8. Well No.   I     3. Address of Operator   9. Pool name or Windowt   I     4. Well Acaties   9. Pool name or Windowt   I     4. Well Acaties   9. Pool name or Windowt   I     4. Well Acaties   9. Pool name or Windowt   Importance     4. Well Acaties   9. Pool name or Windowt   Importance     4. Well Acaties   9. Pool name or Windowt   Importance     4. Well Acaties   9. Pool name or Windowt   Importance     4. Well Acaties   9. Pool name or Windowt   Importance     4. Well Acaties   9. Pool name or Windowt   Importance     4. Well Acaties   9. Pool name or Windowt   Importance     4. Well Acaties   1.   Importance   Importance     10. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data   Common   SUBSEQUENT REPORT OF:     PERFORM REMEDIAL WORK   PLUG AND ABANDON   RemeDiaL Work   AltEning Casing   Importance     9. PLUC OR ALTER ASING   Commenter Charles Casing   Commenter Asing   Ommenter Asing   Importance     9. Presensed or Completed Operation	( DO NOT USE THIS FORM FOR PR DIFFERENT RESE	7. Lease Name or Unit Agreement Name		
2. None of Operator     R. Well No.     1       1. Address of Operator     1.     8. Well No.     1       1. Address of Operator     105 South 4th St., Artesia, NH 88210     9. Pool mame or Wildert       1. Unit Letter G. : 1980 Feet From The North     Line and 1980 Feet From The East     Line       Section     11     Townsend Morrow     Local     County       Well Net     11     Townsend Morrow     Local     County       Section     11     Townsend Johnson     North     Interact County       Unknown     Unknown     Unknown     Unknown     NortiCe OF INTENTION TO:     SUBSEQUENT REPORT OF:       PERFORM REMEDIAL WORK     PLUG AND ABANDON     CHANGE PLANS     COMMENCE DRILING OPNS     PLUG AND ABANDONMENT       PULIOR ALTER CASING     CHANGE PLANS     COMMENCE DRILING OPNS     PLUG AND ABANDONMENT     COMMENCE DRILING OPNS     PLUG AND ABANDONMENT       12. Decribe Propeed or Completed Operations (Clearly state all perioder dates, including erimated dates of staning any proposed     Sea States     Sea States       12. Decribe Propeed or Completed Operations (Clearly state all perioder dates, including erimated dates of staning any proposed     Sea States     Sea States	1. Type of Well:			- Runnels ASP
1   Address of Operators 100 South 4 th St., Artesia, NH 88210   9. Pool name or Wildet Townsend Morrow     2   Weil Location   1980   Feet From The				8. Well No.
4. Weil Location   10000 Feet From The	3. Address of Operator			
Section   11   Township   16S   Bange   35E   NMTM   Lea   Commy     10. Elevation (Show which DF, RRB, RT, GR, ac.)   10. Miknown   11.   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     PULL OR ALTER CASING   CHANGE PLANS   COMMENCE DRILLING OPNS.   PLUG AND ABANDONMENT     PULL OR ALTER CASING   OTHER:   OTHER:   Common State and Plans     12. Describe Proposed or Completed Operations (Clearly state all perinters) datas, including estimated data of staning any proposed   Scation Test and Case of state all perinters datas, including estimated data of staning any proposed     12. Describe Proposed or Completed Operations (Clearly state all perinters) datas, including estimated data of staning any proposed   Scating is proposed     5-19-98   Discussed well condition with partners. TIH with 2.25" seating nipple and   2-7/8" tubing. Felt spot at 260'. Went down and tagged at 383'. Picked up 5'. Rigged     19-98   Rigged up Downhole Video Fiber Optic wireline unit. TIH with video camera. Established     8-5/8" casing is parted at 265' (1-1/2' section missing). 13-3/8" surface pipe is corroded and washed out. Shut down operations. Decision made to plug and abandon.     The	4. Well Location	Townsend Morrow		
Section   11   Township   16S   Bange   35E   NMTM   Lea   Commy     10. Elevation (Show which DF, RRB, RT, GR, ac.)   10. Miknown   11.   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     PULL OR ALTER CASING   CHANGE PLANS   COMMENCE DRILLING OPNS.   PLUG AND ABANDONMENT     PULL OR ALTER CASING   OTHER:   OTHER:   Common State and Plans     12. Describe Proposed or Completed Operations (Clearly state all perinters) datas, including estimated data of staning any proposed   Scation Test and Case of state all perinters datas, including estimated data of staning any proposed     12. Describe Proposed or Completed Operations (Clearly state all perinters) datas, including estimated data of staning any proposed   Scating is proposed     5-19-98   Discussed well condition with partners. TIH with 2.25" seating nipple and   2-7/8" tubing. Felt spot at 260'. Went down and tagged at 383'. Picked up 5'. Rigged     19-98   Rigged up Downhole Video Fiber Optic wireline unit. TIH with video camera. Established     8-5/8" casing is parted at 265' (1-1/2' section missing). 13-3/8" surface pipe is corroded and washed out. Shut down operations. Decision made to plug and abandon.     The	Unit Letter :98	0 Feet From The North	Line and198	0 Feet From The East Line
II.   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 ABANDONMENT     PULL OR ALTER CASING   COMMENCE DRILLING OPNS.   PLUG AND ABANDONMENT   CASING TEST AND CEMENT JOB     OTHER:   OTHER:   OTHER:   OTHER:   Image: Standard Case of Complex Case of Case o	1	Township 16S Ra	nge <u>35E</u> DF, RKB, RT, GR, etc.)	
PERFORM REMEDIAL WORK   PLUG AND ABANDON   NEMEDIAL WORK   ALTERING CASING     TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PLUG AND ABANDONMENT     DULL OR ALTER CASING   COMMENCE DRILLING OPNS.   PLUG AND ABANDONMENT   CASING TEST AND GEMENT JOB     0THER:   OTHER:   OTHER:   COMMENCE DRILLING OPNS.   PLUG AND ABANDONMENT     12. Describe Proposed or Completed Operations (Clearly state all periners) datals, and give periners datals, including estimated date of staring any proposed     5-19-98   - Discussed well condition with partners.   TIH with 2.25" seating nipple and     2-7/8" tubing. Felt spot at 260'. Went down and tagged at 383'. Picked up 5'. Rigged up swab. Hole dry to 360'. Wait 1 hour - no fluid entry. Shut well in.   TOOH with tubing.     S-20-98   - Rigged up Swab. Fluid level 360'. No fluid entry into well. TOOH with tubing.   Rigged up Downhole Video Fiber Optic wireline unit. TIH with video camera. Established     8-5/8" casing is parted at 265' (1-1/2' section missing). 13-3/8" surface pipe is corroded and washed out. Shut down operations. Decision made to plug and abandon.     Iberby ceelfy tube information above is the best of my traveledge and belief.   Determiner May 28, 1998     TYPE ON FUELT MARE   THE   Determiner May 28, 1998     TYPE ON FUELT MARE   CONONE CONSTANCE OF OWNER MALLINKE   Determiner May 28, 1998	II. Check	Appropriate Box to Indicate		eport, or Other Data
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TYPE OR FRINT NAME Rusty Klein Date   TYPE OR FRINT NAME Rusty Klein TELEPHONE NO. 505/748-147   (This space for State Use)   ORIGINAL CLOUD A RECOMPLE VILLIAMS   DIGTORIE & CLOUD A RECOMPLE VILLIAMS   APPROVED BY	I hereby certify that the information above is true	and complete to the best of my knowledge and b $\langle l \rangle$		1
(This space for State Use) CENCINE CONTROL OF BE OMERE WILLIAMS DIGTIONE EUPERVICOR TILE DATE		TITL TITL	Uperations Te	cnnician DATE May 28, 1998
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