

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
NM-1351

7. Lease Name or Unit Agreement Name

SNM 33-16-33

8. Well No.

2

9. Pool name or Wildcat

Santa Fe Perm

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)

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
Southern Union Exploration Co.

3. Address of Operator
P.O. Box 1980, Hobbs, NM 88240

4. Well Location
Unit Letter J : 1650 Feet From The South Line and 1650 Feet From The East Line
Section 33 Township 16S Range 33E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4204.4

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING
OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
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.

Set 5 1/2" CIBP @ 12,028' w/ 4sx. on top
Set 100' cmt. plug @ 9000'-8900'
Set 100' cmt. plug @ 6010'-5910'
Cut & pulled 780' 5 1/2" cmt. Set 30 sx. cmt. plug 50' in & 50' out of stub
Set 35 sx. cmt. plug @ 1500'-1400'
set 10 sx. surf. plug, welded on steel plate, set Dry Hole Marker
Backfilled pits

Operations completed 3/22/89

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

SIGNATURE David Dillaha TITLE Agent DATE 4/4/89
TYPE OR PRINT NAME David Dillaha TELEPHONE NO. (214) 987-1888

(This space for State Use)

APPROVED BY Lyle F. Turnacliff TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUN 1 1989