1. Type of Well: MET X 2. Name of Operator

11.

OTHER:

1 Address of Operator

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

State of New Mexico Energy, Marals and Natural Resources Department

Form C-103

DISTRICT P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	
SUNDRY NOTICE	S AND REPORTS ON WELLS

ropriste t Office	ergy, harais and Natural Res	sources Department	^ Revised 1-1-89	
OIL CONSERVATION DIVISION STRICT II Drawer DD, Arlesia, NM 88210 OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503		Room 206	WELL API NO. 30-025-34106 5. Indicate Type of Lease STATE FEE X	
		∞ 875 03		
RICT III Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.	
O NOT USE THIS FORM FOR PROP DIFFERENT RESERV	S AND REPORTS ON WELL SALS TO DRILL OR TO DEEPEN O HR. USE "APPLICATION FOR PER I) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
ype of Well: a. GAS WELL X WELL	OTHER		BLACKMON "21"	
lame of Operator Chesapeake Operating, In	2.		8. Well No.	
Address of Operator 2. 0. Box 18496, Oklahor			9. Pool name or Wildcat West Lovington-Penn	
			6 Feet From The West Line	
Section 21	Township 16S R. 10. Elevation (Show whether GR: 3906'		NIMPM LEA COUNTY	
Check A NOTICE OF INTI	propriate Box to Indicate	Nature of Notice, Re	eport, or Other Data SEQUENT REPORT OF:	
FORM REMEDIAL WORK	PLUG AND ABANDON 🖫	REMEDIAL WORK COMMENCE DRILLING	ALTERING CASING BOPNS. PLUG AND ABANDONIMENT	
PORARILY ABANDON	CHANGE PLANS	CASING TEST AND CE		
ER:		OTHER:		
·		OTHER:		

work) SEE RULE 1103. Proposed Starting P&A _ 02/99 1) MIRUPU - POH w/tbg & Pkr. 2) set bottom plug from PBTD of 11,955'-11,675' w/30 sx Class H cement 3) Fill hole w/10.0 PPG salt abandonment mud 3) Fill hole w/10.0 PPG Salt abandonments

4) Set 25 sx cement plugs as follows: 8,675'-8,575'

4,275'-4,175'

535'-435'

2000 - 2100' TO S 5) Set 10 sk surface plug 6) RDMOPU & restore surface site THE COMMISSION MUST BE NOTIFIED 27 HOURS IN TO THE CONSING OF

PLUCANCE CHILLATIONS FOR THE C-103 TO BE APPROVED. I hereby certify that the information above is true and complete to the best of my knowledge and belief. __ DATE 01/13/99 ____ mrs ___ REgulatory Analyst (405)848 - 8000TELEPHONE NO. TYPEOR PRINT NAME Barbara J. Bale

(Thus space for State Use)

_ TITLE -APPROVED BY -