Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Mimerals and Natural Resources Department

Form C-103

District Office	Energy, minerals and in				D 1 M 1 25 100
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 DISTRICT II 811 South First, Artesia NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 DISTRICT IV 2040 South Pacheco, Sante Fe, NM 8750	P.O. Santa Fe, New	Box 2088		WELL API NO. 30-025-02038 5. Indicate Type 6. State Oil & G. B-1520	of Lease STATE FEE
SUNDRY (DO NOT USE THIS FORM FO DIFFERENT F (F	7. Lease Name of Bridges State	or Unit Agreement Name			
Oil Well	Gas Well Othe	г Inject	or		
2. Name of Operator				8. Well No.	 -
	oil Corporation			64	
3. Address of Operator P.O. Box of Houston		ΓX 7721	0-4358	9. Pool name or Vacuum; Gra	Wildcat yburg-San Andres
4. Well Location Unit Letter G:	1980 Feet From The North		Line and 1980	Feet From The E	ast Line
Section 14	Township 17S		Range 34E	NMPH	Lea County
	10. Elevation (St GR 4037	how whether .	DR, RKB, RT, GR, etc.)		
11 Checi	k Appropriate Box to Is	ndicate N	Jature of Notice Re	enort or Othe	r Data
	INTENTION TO:	naicate 1		EQUENT RE	
PERFORM REMEDIAL WORK		N 🛛	REMEDIAL WORK		ALTERING CASING
	☐ CHANGE PLANS		COMMENCE DRILLI	NG OPNS.	PLUG & ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND C	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. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)

Notify NMOCD of intent to plug and abandon:

- 1. Circulate well with mud.
- 2. Set 100' plug from 2750-2650 (salt)
- 3. Perf at 1650 and squeeze 50 sacks of cement (salt) WOC and TAG.
- 4. Perf at 875 and squeeze 50 sacks of cement (shoe) WOC and TAG.
- 5. Spot 10 sacks of cement, surface plug.
- 6. Cut off wellhead and anchors 3' below grade level. Cap well with steel plate. Install dry hole marker.

GNATURE Dolors O Howard TITLE Regulatory Specialist		DATE_12/15/2000		
TYPE OR PRINT NAME Dolores O. Howard	TELEPHONE NO. (713) 431-1792			
This space for State Use)				
APPROVED BY	TITLE .	DATE		