## **Submit 3 Copies** to Appropriate

State of New Mexico inerals and Natural Resources Department

Form C-103 Revised 1-1-89

OTHER:

CONDITIONS OF APPROVAL, IF ANY:

Ener.

District Office	ACT	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION 2040 Pacheco St.	WELL API NO. 30-025-03979	
DISTRICT II Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lesse STATE FEE	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	6. State Oil & Gas Lease No.	
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 OTHER SWD	State RA	
2. Name of Operator	8. Well No.	
Rowland Trucking Co., Inc.	9. Pool name or Wildcat	
3. Address of Operator	9. POOR MAINE OF WIRKAL	
418 S. Grimes, Hobbs, New Mexico 88240		
Unit Letter K: 1980 Feet From The South Line and 1	909 Feet From The West Line	
	Enmpm Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)		
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	X ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLII	NG OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND	CEMENT JOB	
OTHER: OTHER: Set.	Packer	

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.

Replaced one joint of tubing and reset packer at 4,540.85'

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
I hereby certify that the information above is true and complete to the best of my intervalue and best of the second complete to the best of my intervalue and best of the second complete to the best of my intervalue and best of the second complete to the best of my intervalue and best of the second complete to the best of my intervalue and best of the second complete to the best of my intervalue and best of the second complete to the best of my intervalue and best of the best of th	DATE 8-15-96
TYPE OR PRINT NAME	TELEPHONE NO.
(This space for State Use)	
ADDROVED BY TITLE	DATE