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

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

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-23621

5. Indicate Type of Lease STATE [X] FEE [ ]

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: HOBBS STATE

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER DISPOSAL

2. Name of Operator: Sonny's Oilfield Services

8. Well No. 3

3. Address of Operator: PO Box 1438, Hobbs, N.M 88241

9. Pool name or Wildcat: SWD San Andres Undesignated Hobbs Blinebry 9612

4. Well Location
Unit Letter B : 990' Feet From The NORTH Line and 1830' Feet From The SOUTH E Line

Section 29 Township 18-S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3652' GL

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	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT 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.

8-28-96 Pump Packer Fluid (10 BBLS) Down Backside Pressure up would NOT Chart to much air in System Shut in well

8-29-96 Pump Packer Fluid Down Backside exhaust remaining air Pressured up to make Chart 380 lbs for 37 Min with 9 lb

9-3-96 Drop Moving + cleanning tanks to make well start taking water
Projected finish DATE 9-13-96

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

SIGNATURE Scotty Greenlee TITLE Operations Manager DATE 9-3-96

TYPE OR PRINT NAME SCOTTY GREENLEE TELEPHONE NO. 397-452(

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 09 1996

CONDITIONS OF APPROVAL, IF ANY: