District Office

State of New Mexico , and Natural Resources Department

Form C-103

Revised 1-1-89

OIL CONSERVATION DIVISION

Diblider t									
P.O. Box 1980, Hobbs, NM 88241-	2040 South Pacheco Santa Fe, New Mexico 87505								
DISTRICT II 811 S. First Street, Artesia, NM 882	10				30-025-24924 5. Indicate Type of Lease	STATE	X	FEE [
DISTRICT III					6. State Oil & Gas Lease No.				
1000 Rio Brazos Rd., Aztec, NM 87	7410				L-3556				
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"					7. Lease Name or Unit Agreeme	ent Name			
1. Type of Well:	(FORM C-1	01) FOR SUCH PROPOSALS.)							
(7)	GAS WFLL	OTHER			STATE FU				
2. Name of Operator	OIL COMPAN	i~			8. Well No.				
3. Address of Operator		9. Pool Name or Wildcat							
	ST OFFICE BO	X 310, ROSWELL, 1	NEW MEXIC	CO 88202-0310	AIRSTRIP BONE	SPRINGS			
4. Weil Location Unit Letter K		1980 Feet From The	SOUT	H Line and	1980Fee	et From The	W	EST	Line
Section 25	Township	18 SOUTH		Range 34 EA	AST NMPM	LEA		County	
			w whether DF, RKB 1969' GR	3, RT, GR, etc.)					
11.	Che	eck Appropriate Box t		Nature of Notice, Re	port, or Other Data				
	E OF INTENT			4	SUBSEQUENT REF	PORT OF:			
PERFORM REMEDIAL WORK		PLUG AND ABANDON	X	REMEDIAL WORK		ALTERING CASI	iG	[
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN					OPNS.	PLUG AND ABAN	IDONMENT	[
PULL OR ALTER CASING				CASING TEST AND CEM	MENT JOB				
OTHER:				OTHER:		 		[
12. Describe Proposed or Comple SEE RULE 1103	eted Operations (Clearly	state all pertinent details, and gi	ve pertinent dates,	including estimated date of start	ing any proposed work)				
INTEN	TO PLUG AN	ND ABANDON WELL	AS FOLLO)WS:					
		WITH 35' CEMENT.							
		VITH 35' CEMENT.	NINO.						
		4,750' OF 7 5/8" CAS		し					
SET 100' STUB PLUG (50 IN / 50 OUT) AT 4.800'.									
SET 100' PLUG INSIDE 8 5/8" AT 2,000' , TOP OF SALT. SET 10 SXS SURFACE PLUG.									
32110	JAJ JUNI AC	DE FLOG.							
I hereby certify that the information	n above is)true and comp	lete to the best of my knowledge and	beilef.						
SIGNATURE	ONATURE TITLE PRESIDENT					DATE	6	/1/98	
TYPE OR PRINT NAME	JOSEP	H J. KELLY			TELEPHOI	NE NO.	505-62	3-3190	0
(This space for State Use)	ORIGINAL S	ICMED 21 OFRIS W RECT (EUPERVISOF	rll)am s R			9	IUN O	4 19	9 <u>8</u>
APPROVED BY			TITLE			DATE			