Submit 3 Copies to Appropriate District Office

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State of New Mexico nerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

OIL CONSERVATION DIVISION P.O. Box 2088

30-025-28998

WELL API NO.

DISTRICT II Santa Fe, New Mexico 8 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. LG 7974
SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN (DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A 7 Lease Name or Unit Agreement Name
1. Type of Well: OIL OAS WELL X WELL OTHER	Sherry M. State
2. Name of Operator Lanexco, Inc.	8. Well No.
3. Address of Operator P.O. Box 1206 Ja1, NM 88252	9. Pool name or Wildcat Airstrip Bone Spring
4. Well Location Unit Letter D : 330 Feet From The N Line and 660 Feet From The W Line	
Section 35 Township 18-S Range 34-E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3991.6 GR	
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 X	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.	
Rig up plugging unit. Pull rods and lay down, pull tubing. Set CIBP at 9060. Dump 35 ft. cement on top. Circulate the hole with brine water and gel. Set 100 ft. plug 6050' - 5950'. Set 100 ft. plug 4050' - 3950'. Set 100 ft. plug 1950' - 1850'. Perforate 4½" casing at 430'. Circulate cement to the surface between 4½ & 8 5/8. Leave 50 ft. in 4½. Cut off casing heads, set 10 ft. surface plug, install dryhole marker. Fill cellar, cut off deadmen. Remove all equipment and clean location.	
*** Alternate plan attached ***	
I hereby certify that the information above is true and complete to the best of my knowledge and SIONATURE	Production Supt. 1-7-9 2
TYPEOR PRINT NAME Mike Copeland	ТЕЛЕРНОНЕ NO. 395-3056
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT ESTRECISEDS	JAN 10'92

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