Submit 3 Copies: To Appropriate District Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	- State of E E gy, Minerals		exico ral Resources	WELL API NO.	Form (Revised March 2	2-103 5, 1999	
District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505			35-025-30675 5. Indicate Type STATE			
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICAT PROPOSALS.) 1. Type of Well:		or Unit Agreement N	lame:				
Oil Well Image: X Gas Well O 2. Name of Operator	State 35						
Maynard Oil Company	8. Well No. 6						
3. Address of Operator	9. Pool name or	Wildcat					
8080 N. Central Expwy - 4. Well Location	Maljamar						
	990 feet from the	S	line and 1	980 feet fro	m theW	line	
Section 35	Township 17	7s Ra	nge 33E	NMPM	County Loo		
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4101.3 GR							
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
NUTICE OF INTE	ENTION TO: PLUG AND ABANDON			SEQUENT RE		G 🗌	
TEMPORARILY ABANDON 🖾 C	CHANGE PLANS		COMMENCE DRIL	LING OPNS.	PLUG AND		
			CASING TEST AN CEMENT JOB	D 🗌	ABANDONMENT	_	
OTHER:			OTHER:				

 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 recompilation.

Estimated starting date is March 29, 2002. Maynard will notify the District office in Hobbs at least 24 hours before commencing the following work. Maynard proposes to set a cast iron bridge plug within 100' of the uppermost perforations, pressure test the casing to 500 psi with a pressure drop of not more than 10% for thirty (30) minutes, record the pressures during the pressure test and load the easing with inert fluid to inhibit corrosion. Maynard will submit the original pressure chart along with a Form C-103 report of the completed operations.

		A BY
I hereby certify that the information above	is true and complete to the best of my knowledge and bel	hef <u>VC</u>
φ γ		
SIGNATURE Trice Ma	MMM	DATE 01/11/02
Type or print name Lucy Hamm		Telephone No. 214/891.8482
(This space for State use)		
APPPROVED BY	LITITI Francesco And	MAR 1 9 2002
Conditions of approval, if any:	OARY W. WINK	

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