Submit 3 Copies to Appropriate District Office

## State of New Mexico y, Minerals and Natural Resources Departmen

Form C-103

Revised 1-1-89 DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 <u> 30 - 035 - 30</u>762 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. 546850 SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) NEWMEXICO "CR" 1. Type of Well: METT X OTHER 2. Name of Operator 8. Well No. I EXACO INC 3. Address of Operator 9. Pool name or Wildcat P.O. BOX 3109 MIDLAND, TEXAS WILDCAT 4. Well Location : 1930 Feet From The South Line and <u>3310</u> Feet From The WEST 32 Township 19-SOUTH Range 32-EAST Section LEA **NMPM** 10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3528 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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. D MIRU DAGS WELL SERVICE. POH + LAYDOWN PUMP + RODS. TOH WITH TUDING. 2) By ROTARY WIRELINE SET 5"2" CIBP @ 2600' Dump 4 SXS CEMENT ON PLUG. TOC @ 3560. 3) TIH TO 2500'. WESTERN DISPLACED HOLE WITH 25 # GELLED BRINE 4) Pull up to 950' + SPOT 20 sxs CLASS H' FROM 950' to 850'. 5) Pull up to 50' + SPOT 10 SXS CLASS'H' FROM 50' to SURFACE 6) CUT OFF WELLHEAD & INSTALL DRY HOLE MARKER 2-2-90

I hereby certify that the information above is true and complete to the best of my knowledge Signature	ound belief. TITLE DRILLING SUPERINTEN DENT	_ DATE _ 2 - 6 -	90
TYPE OR PRINT NAME		TELEPHONE NO.	
(Thus space for State Lise)  APPROVED BY Sack Author	CH. & GAS INTERCLOR		
CONDITIONS OF AFFROVAL IF ANY:	TITLE	— DATE ————	