State of New Mexico finerals and Natural Resources Department Energ

Form C-103 Revised 1-1-89

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

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 Santa Fe, New Mexico 87	
DISTRICT III	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	s ////////////////////////////////////
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF DIFFERENT RESERVOIR. USE "APPLICATION FOR PERM (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL OTHER	Buffalo Wallow State
2. Name of Operator Charles R. Qualia	8. Well No.
3. Address of Operator	9. Pool name or Wildcat
P.O. Box 10181; Midland, Texas 797	102 Wildcat
Unit Letter F: 1980 Feet From The North Line and 1980 Feet From The West Line	
Section / Township /8-S Range 35-E NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
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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 R	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS C	OMMENCE DRILLING OPNS. DLUG AND ABANDONMENT
PULL OR ALTER CASING C	ASING TEST AND CEMENT JOB
OTHER:	THER:
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.	
4-19-95 MIRU United Oil Services Rig #5 Plug #1 CIBP 52 @ 5600' w/25 sx cement cap on top	
Plug #1 CIBP 52 @ 5600' w/25 sx cement cap on top	
4-20-95 Circ. hole w/9.5 mud	
4-21-95 Perf 5 & @ 3850' Pressure test W/PKR to 1000 psi	
Spot 35sx 3906'- 3561' Perf 5t @ 510' Pressure test W/PKR to 1000psi Spot 40sx 589'-194'	
Spot 40sy F80' Pressure test WIPKE 10 1000F0	
10 sx 30' to surf All csg circ cement to surf visual confirmation RDMO	
9.5 mud between all plugs Plugged to abandon 4-21-95 I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
	ALENT DATE 4-E443
TYPE OR PRINT NAME W F COMMENT	TELEPHONE NOT 15 5777 277
(This space for State Use) OIL & GAS INSPECTOR OIL & GAS INSPECTOR	
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fax to Diane 6-5-95 Opida daer To CONDITIONS OF APPROVAL, TELANY: