Submit 3 Copies to Appropriate District Office

State of New Mexico En , Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-31187 5. Indicate Type of Lease

DISTRICT III	STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. VB-0394
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	TO A 7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well:	-/ "
OIL GAS WELL OTHER	Buffalo Wallow State
2. Name of Operator	8. Well No.
Charles R. Qualia 3. Address of Operator	1
P.O. Box 10181 Midland, Texas 79702	9. Pool name or Wildcat
4. Well Location	Wildcat Siluro-Dev
Unit Letter F : 1980 Feet From The North Line and	1980 Feet From The West Line
Section 1 Township 18S Range 35E	NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR,	etc.)
XIIIIIIIIIIIIX	
Check Appropriate Box to Indicate Nature of Not	-
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO	PRK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE D	RILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST	AND CEMENT JOB
OTHER: Run casing integrity test X 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.	
Casing integrity test will be performed as follows	:
1) Run retrievable bridge plug to approximately 56	52N feet
2) Pressure up on casing from surface to bridge pl	ug to 500 PSI for 30 minutes.
 If casing pressure holds O.K., release bridge p 	olug and come out of
hole with same.	
4) Shut well in. 5) Maintain temporary abandon status for one year.	
3) Mathicath temporary abandon status for one year.	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. Operator 12-16-92 SIGNATURE Charles R. Qualia 915-682-4183 TYPE OR PRINT NAME TELEPHONE NO.

TITLE

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

BISTRICT I SUPERVISOR

DEC 28'92

- DATE -

CONDITIONS OF APPROVAL, IF ANY: