Submit 3 Copies to Appropriate District Office

State of New Mexico Minerals and Natural Resources Department Ene

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. 30-025-02156

DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Cil & Gas Lease No. B 4118
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS G Salt Water Dispos	Phillips Lea
2. Name of Operator	8. Well No.
Rover Operating, Inc. 3. Address of Operator 0.02 18th Street Suite 224 Plane Texas 75074	9. Pool name or Wildcat Vacuum Grayburg San Andres
903 18th Street, Suite 224, Plano, Texas 75074 4. Well Location Unit Letter M: 330 Feet From The South Line and 330	•
Section 31 Township 17S Range 34E 10. Elevation (Show whether DF, RKB, RT, GR, etc.)	NMPM Lea County
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 REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND C	EMENT JOB
OTHER: Casing Integrity Test OTHER: COSIN	g Integrity lest X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103.	uding estimated date of starting any proposed
Friday June 13, 1997	
Hooked up pump truck to tubing/casing annulus pressure recorder. Pressured up on annulus to 200 psi in 15 minutes. Test was witnessed field inspector.	o 300 psi. Pressure declined
Monday June 23, 1997	
Submitted proposed repairequipment to block of approval will submit detailed work procedure	off and isolate leak. Upon for approval.
I hereby certify that the information prove instrue and complete to the best of my knowledge and belief. SIGNATURE TITLE VICE Presentation of the	sident DATE 06/26/97
TYPE OR PRINT NAME	TELEPHONE NO.
(This space for State Use) CORIGINAL SIGNAGE BY COURSES A JUST FINALS	90 -3 1997
DISTRICT I SUPERVISOR TITLE	DATE