Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Lnergy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II 30-025-27181 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 5. Indicate Type of Lease District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 STATE X FEE Santa Fe. NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 K-5303 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) 1. Type of Well: Oil Well Gas Well Other New Mexico "B" State 2. Name of Operator 8. Well No. Unit Petroleum Company 1 3. Address of Operator 9. Pool name or Wildcat P.O. Box 702500, Tulsa, OK 74170-2500 Scherb (Bone Spring) 4. Well Location Unit Letter H : 1980 feet from the N line and 660 feet from the E Section Township 19S NMPM Range Lea County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 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 REMEDIAL WORK ALTERING CASING . **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** PULL OR ALTER CASING **MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: Casing Integrity test to TA 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 10/11/01 Set a CIBP @ 8,500'. Dump 2 sx cement on CIBP, TOC @ 8,432'. 10/15/01 Pressure tested casing to 500 psi for 45 min, held ok. (Chart attached) Well is to be temporarily abandoned. inis Approval of Temporary Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. **SIGNATURE** DATE 11/2/01 Type or print name Kelly Ryan Telephone No. (918) 493-7700 (This space for State use) APPPROVED BY Conditions of approval, if any: