

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, 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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-30360
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	K-6119
7. Lease Name or Unit Agreement Name	
Betty State	
8. Well No.	2
9. Pool name or Wildcat	North Vacuum Atoka-Morrow
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3959	

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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator C. W. Trainer	
3. Address of Operator c/o Oil Reports & Gas Services, Inc. Box 755, Hobbs, NM	
4. Well Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line Section 16 Township 17S Range 35E NMPM Lea County	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

To confirm verbal approval from Ray Smith to Gene Lee to plug as follwos:

100' plug across top Atoka  
100' plug across top Wolfcamp  
100' plug across to Glorieta  
100' plug across 8 5/8" casing shoe  
100' plug across top Salt  
10 sack plug at surface with regulation marker  
25#/bbl gelled water between all plugs  
Location to be cleared and levelled.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>Donna Holler</u>	TITLE <u>Agent</u> DATE <u>9-25-89</u>
TYPE OR PRINT NAME <u>Donna Holler</u>	TELEPHONE NO. <u>505-393-2727</u>
(This space for State Use)	
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	
APPROVED BY _____	TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:	

SEP 14 1989

RECEIVED

SEP 13 1989

OCD  
HOBBS OFFICE