ONDITIONS OF APPROVAL, BEAL

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89 DISTRICT I OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM \$8240 310 Old Santa Fe Trail, Room 206 30-025-01741 DISTRICT II P.O. Drawer DD, Artesia, NM \$8210 Santa Fe, New Mexico 87503 Indicate Type of Lease STATE FEE 📙 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. 15594 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) State BF 1. Type of Well: VEL WELL | SWD OTHER 2. Name of Operator & Well No. Stevens & Tull, Inc. Address of Operator 9. Pool name or Wildcat P.O. Box 11005, Midland, TX SWD = Yates (96090)Unit Letter  $\underline{K}$ : 1980 Feet From The South 1980 Feet From The Line and West 20S 33E Township **NMPM** Lea 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3536 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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 | X **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER:\_ 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. 4/28/97 - Pressure on casing - tubing annulus - notify NMOCD of Intent to pull tubing and check for packer leak. 5/2/97 - Discover 7" casing was parted at 2125. RIH with bent 2 3/8" joint of tubing and RIH to 2800'. Get plugging instructions from NMOCD. 5/5/97 - Pump 1000 sx "c" - neat cement 2800'. Did not circulate POH and lay down tubing - SDFN 5/6/97 - Tag top of cement at 100' from Surface - set 20 sx plug at surface install dry hole marker - well is P&A'd. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Consulting Engineer 5/29/97 TYPEOR PRINT NAME Michael G. Mooney TELEPHONE NO. 915/699-1410 (This space for State Use)

