DISTRICTII

Revised 1-1-89

PLUG AND ABANDONMENT

DATE -

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

OIL CUNSERVATION DIVISION

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

30-025-03297 5. Indicate Type of Lease FEE X STATE

WELL API NO.

DISTRICT III

TEMPORARILY ABANDON

PULL OR ALTER CASING

P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.			
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			
I. Type of Well: OIL GAS WELL OTHER TA-Injection	East Pearl Queen Unit			
2. Name of Operator	8. Well No.			
	40			
3. Address of Operator	9. Pool name or Wildcat			
10101 Reunion Place, Ste. 210 San Antonio, TX 78216	Pearl Oueen			
4. Well Location Unit Letter $\frac{B}{}:\frac{660}{}$ Feet From The North Line and $\frac{198}{}$	60 Feet From The East Line			
	NMPM Lea County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3711' DF				
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PEDCODA PENEDIAL WORK PLUG AND ARANDON REMEDIAL WORK	ALTERING CASING			

P&A wellbore 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.

X

This well failed a Mechanical Integrity Test. The following procedure will be performed to bring the well into compliance:

Tag CIBP at 4263' and spot a 25 sack cement plug on top. Circulate hole with mud 1) laden fluid.

OTHER:

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB (

Locate casing leak with tubing and packer. 2)

CHANGE PLANS

Locate casing leak and either TA

Contact NMOCD District Office and obtain instructions to TA well. If conditions exist that will not allow the well to be TA then it shall be plugged and abandoned in accordance to NMOCD rules and regulations.

I hereby certify that the information shove is trye	e and complete to the best of my knowledge and belie	c.	
SIGNATURE LEVEL Staff	mie -		_ DATE05/31/94
TYPEOR PRINT NAME Scott Gra			ТЕГЕРНОКЕ NO. (210) 308-8000
(This space for State Use)		MET IN MENTAL STREET AND MENTAL SERVICES	JUN 0 7 1994

APPROVED BY -CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OFFICE OFFICE