Submit 3 Copies to Appropriate District Office

1. Type of Well:

WELL

11.

OTHER:

-

Address of Operator

Section

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

work) SEE RULE 1103.

2. Name of Operator

Well Location

State of New Mexico Energy, nerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

WELL

OIL CONSERVATION DIVISION

WELL API NO. 30-025 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease FEE 4 STATE 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE *APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.) TON 1 OTHER 8. Well No. 7 BO NEW MEDICO INC 9. Pool name or Wildcat NADINE DRINKANDIASO 4101 BIRCH ST, SUITE 130, NEW AUT BENCH CACF, 92660 Line and 480 Feet From The 6487 Unit Letter _ I : 2310 Feet From The SOUTH County Township 195 Range 38 E

7// 10. Elevation (Show whether DF, RKB, RT, GR, etc.) NMPM 3614 RKD Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. CHANGE PLANS CASING TEST AND CEMENT JOB OTHER:... 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed (CONTED) RE SQUEEZED PORTS & 1750 & 350' WITH B.J. TITOW, 3005 X ENCH WOC 48 HIRS DRILLED OUT TESTED TO 1000# OK. RIM WITH 2319" TUBBING TO 7650' SET PKN 2 1900' MONTONIO CAS NO BLOW OR FLOW YDAYS, SWMODEDIN WELL, WELL DIED, KU PLUNGER LIFE, WELL COMPLETED I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 9-18-60006.57

SIONATURE -

TYPE OR PRINT NAME DOWALL

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

CONDITIONS OF AFFROVAL, IF ANY:

RECEIVED

SEP 25 1989

CALC CACRET THE S