State of New Mexico

Submit 3 Copies Form C-103 to Appropriate District Office Energy, Minerals and Natural Resources Department Revised 1-1-89 DISTRICT OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO P.O. Box 2088 30-025-33131 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease FEE DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410 STATE X 6. State Oil & Gas Lease No. B00230 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.) Type of Well: R.R. BELL NCT "H" WELL | OTHER 2. Name of Operator 8. Well No. ME-TEX OIL & GAS, INC. 3. Address of Operator 9. Pool same or Wildcat P.O. BOX 2070 HOBBS, NM EUMONT/YATES/7RS/QUEEN 4. Well Location . 1980 SOUTH 1980 EAST Feet From The Line and Feet From The Line 23 19-S 36E LEA Township Range **NMPM** 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3699 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 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. 10/29/95 Ran 11 Jts. 8-5/8" 23# surface casing set @ 456'. Cemented with 350 sx class "C" cement + 2% Cacl2. Circulate 97 sx to surface. Plug down @ 4:30 a.m. Test casing 1200#/30 min. Drill out cement @ 4:00 p.m. 10/29/95. Ran 102 Jts. 5-1/2" 15.5# casing set @ 4065'. Cement with 500 sx 35/65 11/04/95 poz "C" w/ 6% D/20 + 3 pps salt tail in with 250 sx "C" + .8 D-60 + 5 pps D-44. Circulate 150 sx to surface. Plug down @ 11.30 p.m. Pressure test csg. 1200#/5 mins. ok..

(This space for State Use)		JAN 12 1996
TYPE OR PRINT NAME DEBBIE TIPPY		телерноме NO 505-397-7750
SIGNATURE / Chilic Spars TITLE	Production Clerk	DATE
I hereby certify that the information above is true and complete to the best of my knowledge and be	łief.	

CONDITIONS OF APPROVAL, IF ANY: