Submit 3 Copies to Appropriate District Office

State of New Mexico nerals and Natural Resources Department Energy,

Form	C	-10	3
Revise	ьd	1-1	-8

WELL API NO.

30-025-08971

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

37100

DISTRICT II	Santa Fa Naw Ma	xico 87504-2088	30 023-003	71
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		5. Indicate Type of Lease STATE X FEE		
		6. State Oil & Gas Lease No.		
2111221127	TO AND DESCRIPTO CAN	WELLS		מתווות ותווות
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		
1. Type of Well:			STATE A AC 2	
MET X MET	OTHER		STATE A AC 2	
2. Name of Operator			8. Well No.	
Clayton Williams Energy, Inc.	•			2
3. Address of Operator		705	9. Pool name or Wild	
Six Desta Drive, Suite 3000 4. Well Location	Midland, Texas 79	705	Eunice 7 Rvrs	s Queen South
	Feet From The South	Line and660	Feet From Th	e West Line
Section 5	Township 22S	Range 36E	·IMPM	Lea County
		hether DF, RKB, RT, GR, etc.)	8	
<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	////	3602' DF ·		
11. Check Ap	propriate Box to India	cate Nature of Notice, Re	nort or Other D	ata
NOTICE OF INTE	• •		SEQUENT REI	
PERFORM REMEDIAL WORK .	PLUG AND ABANDON	REMEDIAL WORK	AL	TERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. DPL	UG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB	
OTHER:		OTHER: Tempora	rily Abandon	
 Describe Proposed or Completed Operation work) SEE RULE 1103. 	is (Clearly state all pertinent dei	ails, and give pertinent dates, includ	ling estimated date of sta	arting any proposed
06/16/94: Set CIBP @ 3550'.	Dump Bail 35' cement	on CIBP.		
07/13/94: Load hole w/produc Test csing to 535 (See Attached Cha	psi for 30 minutes.			
TEMPORARILY ABANDONED WELLBO	RE FOR FUTURE USE			
1		This Approval of To Abandonment Expire	salverary,	1:99
1		dee and belief		
I hereby certify that the information floore is and an	a complete to the best of my knowle			
SIGNATURE .	Jake	Senior Produc	tion Engineer	DATE07/18/94
, ,	Y			
TYPE OR PRINT NAME	<u> </u>			TELEPHONE NO. 682-6324
(This space for State Use)				
AFTROVED BY				DATE
CONDITIONS OF APPROVAL, IF ANY:				