State of New Mexico Ener Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

P.O. Box 2088

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

DISTRICT III

OIL CONSERVATION DIVISION

Santa Fe, New Mexico 87504-2088

/ELL API NO.		
5. Indicate Type of I	ease STATE X	FEE
6. State Oil & Gas L		

1000 Rio Brazos Rd., Aztec, NM 87410	G. Sale on a see Esseries
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 Hester 12
1. Type of Well:	nester 12
OIL GAS WELL OTHER	
2. Name of Operator	8. Well No.
Western Equipment Co.	9. Pool name or Wildcat
3. Address of Operator	House-Drinkard
P.O. BOX 5457 Midland, Texas 79704 4. Well Location	nouse-bilikaru
Unit Letter $\frac{K}{}$: $\frac{1980}{}$ Feet From The $\frac{\text{West}}{}$ Line and $\frac{1980}{}$	O Feet From The South Line
Section 12 Township 20 S Range 38E	NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
//////////////////////////////////////	<u> </u>
11. Check Appropriate Box to Indicate Nature of Notice, R	eport, or Other Data
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	G OPNS. $oxedsymbol{\square}$ PLUG AND ABANDONMENT $oxedsymbol{\overline{X}}$
	EMENT JOR
POLEONALIENTOADING	
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103. MIRU 7-17-91	uding estimated date of starting any proposed
Plug #1 125 SXS 5272' Tag 3940' in 5-1/2" casing.	
Plug #2 50 SXS across 5-1/2" Stub @ 2630' 2681-Tag 2555	
Plug #3 50 SXS across 8-5/8" Shoe 1685 1735 Tag 1605	
Plug #4 40 SXS 300-160 in 8-5/8"	
Plug #5 10 SXS Surf. 25'	
8-5/8" 1685 Circ. to Surf.	
RDMO 7-26-91 Dry Hole Marker Installed	
9.5 Mud between all plugs.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	-1/-
SIGNATURE Lobe Notto TITLE Secretary	DATE 8/1/61
TYPE OR PRINT NAME BOS W DUHLEN	TELEPHONE NO. 9/16/2+

(This space for State Use)

MINISTECTOR

CONDITIONS OF APPROVAL, IF ANY: