State of New Mexico finerals and Natural Resources Department E,

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.	30-025-	2277
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type	1 1	0
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.		
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	CES AND REPORTS ON WE POSALS TO DRILL OR TO DEEPEN VOIR. USE "APPLICATION FOR PE 101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name of	r Unit Agreement Name	
1. Type of Well: OIL GAS WELL WELL	OTHER Ruine	G. P. S.			
2. Name of Operator	OTHER Brine Well		8. Well No.		
Sims-McCasland W 3. Address of Operator	later Sales		1		
P. O. Box 98 Eunice, NM 88231 4. Well Location			9. Pool name or Wildcat BSW; Salado		
_	2_ Feei From The <u>North</u>	Line and	Ecet From	The East	Line
Section 32	Township 21 R	ange 37F	NMPM L.AA		Country
	Township 2 Ra	DF, RKB, RT, GR, etc.)	NMPM Liea		County
11. Check A	appropriate Box to Indicate	Nature of Notice, Re	eport, or Other	· Data	
NOTICE OF INT			SEQUENT F		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDO	ONMENT X
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		Aumenti <u>Geo</u>
OTHER:		OTHER:			
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ons (Clearly state all pertinent details, ar Otember 29, 1997	d give pertinent dates, includ	ling estimated date of	f starting any proposed	
1. MIRU Pulling Unit					
2. Came out of hole	with tubing				
3. Ran in hole with cas					
4. Set cast iron plug @					
5. Circulated 125 Sack					
lo. Came out of hole with	tubing				
7. Cut off well head fir	istalled Dryhole marke	r			
I hereby certify that the information above is true.	and complete to the best of my knowledge and	belief.			
SIGNATURE Solf alter	TITI	* Supervisor		DATE _ 9-30	-97
TYPEORPRINT NAME BOB Patte	rson			TELEPHONE NO. 30	14-258
(This space for State Use) ORIGINAL S				020 8	2 16.7
APPROVED BY FIELD F		E		DATE	

CONDITIONS OF APPROVAL, IF ANY: