State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe,   NM   87505

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	
30-025-23507	
Indicate Type of Lease	
STATE ☒	FEE ☐
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

Lease Name or Unit Agreement Name

STATE "A" A/C 2

Type of Well:
OIL WELL ☐   GAS WELL ☐   OTHER   INJECTION

Well No.
61

Name of Operator
CLAYTON W. WILLIAMS, JR., INC.

Address of Operator
SIX DESTA DRIVE, SUITE 3000, MIDLAND, TEXAS 79705

Pool name or Wildcat
EUNICE 7 RVRS QUEEN SOUTH

Well Location
Unit Letter __J__ : __1980__ Feet From The __SOUTH__ Line and __1780__ Feet From The __EAST__ Line

Section	8	Township	22S	Range	36E	NMPM	LEA	County

Elevation (*Show whether DF, RKB, RT, GR, etc.*)
GR - 3584'

11   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐
PULL OR ALTER CASING	☐		
OTHER: _____	☐		

SUBSEQUENT REPORT OF:

REMEDIAL WORK	☐	ALTERING CASING	☐
COMMENCE DRILLING OPNS.	☐	PLUG AND ANBANDONMENT	☐
CASING TEST AND CEMENT JOB	☐		
OTHER: TEMPORARILY ABANDON			☒

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.

TESTED 2-4-98 FOR 30 MINUTES TO 540#.   **CHART ATTACHED.**

NO PRESSURE LOSS IN THE 30 MINUTE PERIOD.

TEMPORARILY ABANDONED WELL FOR FUTURE USE.

This Approval for Temporary Abandonment Expires ___3/18/2003___

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____ TITLE PRODUCTION MANAGER   DATE 03-10-98

TYPE OR PRINT NAME   DAVID G. GRAFE   TELEPHONE NO. 915-682-6324

(This space for State Use)
ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

MAR 18 1998

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: