

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
Not available 30-025-28278
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. 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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well	7. Lease Name or Unit Agreement Name State A A/C 2
2. Name of Operator Clayton W. Williams, Jr., Inc.	8. Well No. 69
3. Address of Operator #6 Desta Dr., Suite 3000 Midland, Texas 79705	9. Pool name or Wildcat Eunice SR Queen-South
4. Well Location Unit Letter <u>I</u> : <u>2615</u> Feet From The <u>South</u> Line and <u>1295</u> Feet From The <u>East</u> Line Section <u>8</u> Township <u>22S</u> Range <u>36E</u> NMPM <u>Lea</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR - 3550.3'	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Estimated Start Date 12/23/91

- 1) Load tb/csg annulus w/field salt water (packer @ 3716')
- 2) Pressure test csg to 500 psi for 30 minutes. Record test on chart for OCD subsequent report.
- 3) Temporarily abandon well for future use.

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

SIGNATURE David G. Grafe TITLE Petroleum Engineer DATE 12/19/91

TYPE OR PRINT NAME David G. Grafe TELEPHONE NO. 915-682-8234

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: