State of New Mexico Energy Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CUNSERVATION DIVISION

<u>DISTRICT I</u> 1625 N. French Dr., Hobbs, NM 88240 DISTRICT II	2 0 4 0 S. Pacheco Santa Fe, New Mexico 8 7 5 0 5			J	WELL API NO. 30-025-29175			
811 S. First, Artesie, NM 88210 DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410					5. Indicate Type of Lease STAT		E.E.	
DISTRICT IV 2040 South Pacheco, Santa Fe, NM 8750:	5				6. State Oil & Gas Lease No. V-1996			
(DO NOT USE THIS FORM FOR	SUNDRY NOTICES PROPOSALS TO DRI RENT RESERVOIR I (FORM C-101) FOI	ILL or TO DEEPEN (JSE "APPLICATIO	OR PLUG BACK TO ON FOR PERMIT	O A "	7. Lease Name or Unit Agreen	nent Name		
I. Type of Well: OIL X WELL	GAS WELL	OTHER			Bootleg R	idge 19 State		
2. Name of Operator					8. Well No.			
C. W. TRAINER 3. Address of Operator C/O OIL REPORTS & GAS SERVICES, INC.,1008 W. BROADWAY, HOBBS, NM 88240					9. Pool name or wildcat Red Tank Bone Spring, East			
Well Location Unit Letter D :	990 Feet From The	NORTH	Line and	990	Feet From The	WEST	Line	
Section 19 Township	22S Range	33E			NMPM	LEA	County	
	10, Elevation (Show who	ther DF, RKB, RT, GR, ect.) 3692.9 GL						
II. Check	Appropriate Box	to Indicate Natu	re of Notice, Re	eport, or (Other Data			
NOTICE	OF INTENTION	T O:	SI	UBSEQU	ENT REPORT O	F:		
PERFORM REMEDIAL WORK	PLUG AND	ABANDON X	REMEDIAL WORK	(ALTERIN	G CASING		
TEMPORARILY ABANDON	CHANGE PL	ANS	COMMENCE DRIL	LING OPNS	. PLUG & A	BANDONMENT		
PULL OR ALTER CASING			CASING TEST & C	CEMENT JO	в			
OTHER:			OTHER:					
12. Describe Proposed or Completed Operat	tions (Clearly state all pertinent d	etails, and give pertinent date	es, including estimated date	of starting any p	roposed work) SEE RULE 1103	3.		

It is proposed to P & A as follows:

- 1. Bottom plug 100'; 50' in csg & 50' in open hole (4889'-5080') w/57 sx Class "C" cmt.
- 2. Set 100' plug from 1839'-1739' w/44 sx Class "C" cmt
- 3. Set 100' plug from 738'-638' w/44 sx Class "C" cmt
- 4. Set plug from 30' to surface w/14 sx Class "C" cmt

Circulate cmt to surface

TAG ALL SHOE PLUGS

I hereby certify that the information above is true and	complete to the best of my	knowledge and belief.		
SIGNATURE Daye Heard		AGENT	DATE 03/23/2000	
TYPE OR PRINT NAME Gaye Heard		TE	LEPHONE NO. (505) 393-2727	
(THIS SPACE FOR STATE USE)			·	
APPROVED BY T	TITLE		DATE	