

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.	30-025-09315
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	State A AC 1
8. Well No.	83
9. Pool name or Wildcat	Langlie Mattix 7 Rvrs Queen GB
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GR - 3431

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Clayton Williams Energy, Inc.
3. Address of Operator Six Desta Drive, Suite 3000 Midland, Texas 79705	4. Well Location: Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>11</u> Township <u>23S</u> Range <u>36E</u> NMPM. Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR - 3431	

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <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.

12/13/93: Set CIBP @ 3400' w/35' cement on CIBP

09/14/94: Displaced 7" casing w/140 bbls 10# gelled brine. Perforated 7" casing @ 330'. Circulated cement down the 7" casing and up the 6 7/8" annulus to surface (185 sx Class C w/2% CaCl2)

09/16/94: Cut all casing and deadmen 3' below GL. Set P & A marker. Remove all junk from location.

Plug and Abandon Wellbore

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

SIGNATURE David Grafe TITLE Senior Operations Engineer DATE 09/23/94
TYPE OR PRINT NAME David Grafe TELEPHONE NO. 682-6324

(This space for State Use)

APPROVED BY Charles P. [Signature] TITLE [Signature] DATE [Signature]
CONDITIONS OF APPROVAL, IF ANY: