## Submit 3 Copies to Appropriate District Office

## State of New Mexico Ent , Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

## OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	WELL API NO.
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. B-3480
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.)	7. Lease Name or Unit Agreement Name
1. Type of Well:  OIL GAS WELL OTHER WTT. Injection	R.E. Cole
2. Name of Operator Anadarko Petroleum Corporation	8. Well No. 3
3. Address of Operator P.O. Box 806 Eunice, NM 88231	9. Pool name or Wildcat Penrose Skelly 63
4. Well Location  Unit Letter M: 990 Feet From The West Line and 560	
Section 16 Township 22S Range 37E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3390 DF	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND CE	
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.	
<ol> <li>MIRUPU. Pull injection PKR &amp; tbg.</li> <li>TIH w/ RBP &amp; PKR to isolate hole in csg.</li> <li>Cement squeeze hole.</li> <li>Drill out cement &amp; test csg.</li> <li>If test O.K., re-run injection PKR &amp; tbg &amp; return to injection. (This well did not pass integrity test conducted 9-6-90).</li> </ol>	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIONATURE SULL Singley TIME Field Foreman DATE 9-26-90	
TYPE OR PRINT NAME	TELEPHONE NO.
(This space for State Use)	
APPROVED BY TITLE	DATE
CONDITIONS OF AFFROVAL, IF ANY:	