Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-21785 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE Santa Fe, NM 87505 FEE X District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 001421 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) LOU WORTHAM 'B' 1. Type of Well: Oil Well X Gas Well Other 2. Name of Operator 8. Well No. Anadarko Petroleum Corp. 3. Address of Operator 9. Pool name or Wildcat P.O. Box <u>2497 Midland</u>, TX <u>79702</u> FENROSE-SKELLY GRAYBURG 4. Well Location 660 Unit Letter NORTH line and_ feet from the feet from the **EAST** Section Township Range 37E **NMPM** LEA County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3356 GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** OTHER: CHANGE OF STATUS X OTHER: SHUT IN X 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. THIS WELL WAS SHUT IN AS FOLLOWS: 1. RIGGED UP; PUMP LAYDOWN. PUMPED BRINE DOWN CSG TO KILL WELL. INSTALLED BOP & LAYED DOWN TBG. 2. PUT 1 JT. TBG IN AND FLANGED UP WELL HEAD. WELL SHUT IN ON 09-04-97. (MISSED FILING SUBSEQUENT REPORT AT TIME OF SHUT IN) 06-14-2000: WELL WILL BE PUT BACK ON PRODUCTION AS SOON AS POSSIBLE. IF WORK IS REQUIRED, IT WILL BE REPORTED AND RETEST SUBMITTED. hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATORY TECHNICIAN **SIGNATURE** ____ DATE <u>06-14-2000</u> Type or print name KAYE MC CORMICK Telephone No. 915-683-0557 This space for State use) APPROVED BY_ TITLE DATE Conditions of approval, if any: