Submit 3 Copies To Appropriate District State of New Me			
District I 1625 N Found Dr. H. H. Difference in Energy, Minerals and Nature	ral Resources Revised March 25, 1999		
1625 N. French Dr., Hobbs, NM 88240 District II	WELL API NO.		
811 South First, Artesia, NM 88210 District III	5 Indicate T-ma of I		
1000 Rio Brazos Rd., Aztec, NM 87410 2040 South Pac	STATE FOR ST		
District IVSanta Fe, NM 872040 South Pacheco, Santa Fe, NM 87505Santa Fe, NM 87	7505 STATE FEE S 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 PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)	C DACK TO I		
1. Type of Well: Oil Well 🖾 Gas Well 🗔 Other	Lowe		
2. Name of Operator	8. Well No.		
3. Address of Operator	#1		
of the operator	9. Pool name or Wildcat		
4. Well Location 815 West 10 <sup>th</sup> Street, Fort Worth, Texas 7	6102 Langlie-Mattix-Seven Rivers-Queen		
	line and 1980 feet from the East line		
Section 26 Township 22S Range	e 37E NMPM Lea County		
10. Elevation (Show whether DR 3315' RKB	, RKB, RT, GR, etc.)		
11. Check Appropriate Box to Indicate Na	ture of Notice, Report or Other Data		
	SUBSEQUENT REPORT OF:		
PULL OR ALTER CASING  MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		
OTHER:	OTHER:		
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.			
1. POOH with rods and tubing.			
2. Set CIBP at $\pm$ 3450'. Spotted 5 sxs cement on top of plug.			
3. Circulated 104 sxs cement with 2% Calcium Chloride down casing to fill casing annulus.			
4. The above changed procedure was verbally approved by Mr. Ga	ry Wink.		
5. Cut off wellhead. Set 10 sx plug at surface.	Approved as to plugging of the Well Bore.		
6. Erect abandonment marker. 10/15/00	Liability under bond is retained until surface restoration is completed.		
I hereby certify that the information above is true and complete to the be	st of my long-lade and the state		
SIGNATURE Canto Manda sa TITLE	Petroleum Engineer DATE 11/1/00		
Type or print name David L. Henderson			
(This space for State use)	Telephone No. (817) 332-1377		
-Flacen W. W. W.			
APPPROVED BY CARY WALKER TITLE	FEB 2 5 2003		
Conditions of approval, if any: OC FIFID REPRESENTATIVE HIG	DAIEDAIE		

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5	VV	W

. FIELD REPRESENTATIVE II/STAFF MANAGER