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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

to Appropriate District Office

DISTRICT P.O. Box 1980, Hobbs, NM 88240

DISTRICT P.O. Drawer DD, Artesia, NM \$8210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 WELL API NO. 30-025-28510 Not available

5. Indicate Type of Lease STATE X FEE

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410 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 PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" STATE "A" ACCOUNT AIC 3A (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: METT [Water Injection Well OTHER WELL 8. Well No. 2. Name of Operator 11 Clayton W. Williams, Jr., Inc. 9. Pool same or Wildcat 3. Address of Operator Langlie Mattix -SR-O-GB 6 Desta Drive, Suite 3000, Midland, Texas 79705 Well Location Unit Letter __ G : 1345 Feet From The ___ North __ Line and __ 2615 __ Feet From The ___ County hip 23S Range 36E 10. Elevation (Show whather DF, RKB, RT, GR, etc.) **NMPM** Lea, 10 Township GR = 3464.8Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS** TEMPORARILY ABANDON 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.

Estimated Start Date 9-29-92

PULL OR ALTER CASING

- 1) Load tubing/casing annulus with field saltwater (Packer @ 3573')
- 2) Pressure test casing to 500 psi for 30 minutes. Record test on chart for OCD subsequent report.
- Temporarily abandon well for future use. 31

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I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE	gineer DATE 9-25-92
TYPEOR PRINT NAME David Grafe	TELEPHONE NO.
(This space for State Use) ORIGINAL DIGNED BY JERRY SEXTON DISTRICT SUPERVISOR	SEP 29'92

DISTRICT I SUPERVISOR APPROVED BY -

CONDITIONS OF AFFROVAL, IF ANY:

RECEIVED
SEP 2 8 1992
OCD HOBBS OFFICE