## Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, M; als and Natural Resources Department

Ferm C	-103
Revised	1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM \$\$240	OIL CONSERVATIO		WELL API NO.	
P.O. BOX 2088	30-025-28516			
DISTRICT II P.O. Drawer DD, Artseia, NM \$3210	Sania re, New Mexico	01304-2088	5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Azzac, NM 87410			6. State Oil & Gas Lease No.	
( DO NOT USE THIS FORM FOR PRODIFFERENT RESERVAN	ICES AND REPORTS ON WEL OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PEF -101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well: OR OAS WELL WELL	one≥ Inject	ion well	State A AC 1	
2. Name of Operator		*	8. Well No.	
Clayton Williams Energy, I	nc.		121	
<ol> <li>Address of Operator Six Desta Drive, Suite 300</li> </ol>	0 Midland, Texas 79705		9. Pool name or Wildon	
4. Well Location	o murana, rexas 75705		Langlie Mattix 7 Rvrs Queen GB	
Unit Letter 0 : 25	Feet From The South	Line and14	60 Feet From The East Line	
Section 3	Township 23S Ran	<del></del>	NMPM Lea County	
	10. Elevation (Show whether I GR - 3452			
11. Check	Appropriate Box to Indicate N	Nature of Notice, Re	eport, or Other Data	
NOTICE OF IN			SEQUENT 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		CASING TEST AND CE	ВОС ТИЗМ	
OTHER:	🗆	OTHER: Tempora	ry Abandonment X	
12. Describe Proposed or Completed Opera work) SEE RULE 1103.	vicos (Clearly state all pertinent details, an	d give pertinent dates, includ	ing estimated date of starting any proposed	
03/27/97	·			
1) Loaded 5-1/2" - 2-3/8" tbg annulus w/field salt water. (Packer @ 3528')				
2) Pressure tested casing from surface to 3528' to 535 psi for 30 minutes. (Chart attached)				
3) Temporarily abandoned w	well for future use.			
		This Approva	Expires 4-1-2003	
I hereby certify that the information above is tru	es and complete to the best of my knowledge and l		,	
SIGNATURE MOLECAN	M/Carley m	Production Ana	DATE 04/02/97	
TYPE OR PAINT NAME Robin S.	<u></u>		TELETHONE NO. (915) 682-6324	
(This space for State HR) GINAL SAGNED :	O BY JERRY SEXTON SUPPRIVISOR		1.28 8.4 1397	
APTROVED BY	mr and a second an	1	DATE	