

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-025-31660

5. Indicate Type of Lease  
STATE ☐ FEE ☒

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  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
Anadarko Petroleum Corporation

3. Address of Operator  
P.O. Box 806 Eunice, NM 88231

4. Well Location  
Unit Letter C : 38 Feet From The North Line and 1379 Feet From The West Line  
Section 27 Township 22S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☒  
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.

1. Ran 89 jts 3803' of used Cond. B 5½" 17# K-55 R3 csg w/ float shoe @3803', float collar @ 3758', DV tool @ 3160', & 12 centralizers.
2. Dowell cemented 1st stage 150 SX 50/50 POZ w/2% D-20, 5% D-44.
3. Open DV tool. Circ. 6 hrs.
4. 2nd cement stage 550 SX Class H, 2% CaCL, 5% D-65.
5. Plug down @ 3:30 A.M. 9-11-92.
6. Released drlg rig.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*John C. English*  
John C. English

Area Supervisor

TITLE

9-22-92

DATE

TYPE OR PRINT NAME

394-3184  
TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 24 1992