

**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**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL APINO. 30 025 08280
5. Indicate Type of Lease Federal STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name NORTH EL MAR UNIT
8. Well No. 6
9. Pool name or Wildcat El Mar; Delaware

**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.)

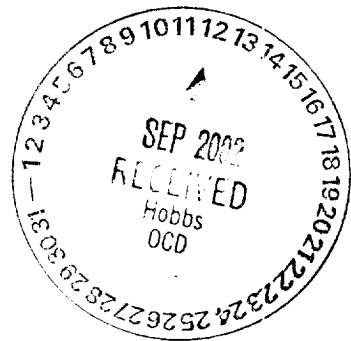
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION	2. Name of Operator Quay Valley, Inc.
3. Address of Operator P O Box 10280, Midland, TX 79702	4. Well Location Unit Letter B : 660 Feet From The north Line and 2005 Feet From The east Line Section 25 Township 26S Range 32E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3138' DF	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
WELL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: TA <input type="checkbox"/>

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.  
Well to be temporarily abandoned effective immediately pending field review.

Temporary Abandonment Expires 9/13/07



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

SIGNATURE	TITLE President	DATE 9/10/2002
TYPE OR PRINT NAME Stella Swanson	TELEPHONE NO. 915 / 687-4220	

This space for State Use)

APPROVED BY GARY W. WINK	TITLE OC FIELD REPRESENTATIVE II / STAFF MANAGER	DATE SEP 13 2002
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