## State of New Mexico , Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

**PULL OR ALTER CASING** 

OTHER:\_

## OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206

ELL API NO.	***************************************
30-025-11508	

ALTERING CASING

PLUG AND ABANDONMENT

P.	O. Drawer DD, Artesia, NM 88210	San	ta Fe, New	Mexico ·	8/ <b>3</b> 03	5	. Indicate Type of Leas	STATE	FEE X
	OSTRICT III OOO Rio Brazos Rd., Aztec, NM 874:	10				6	State Oil & Gas Lease 40817		
$\lceil \rceil$	SUNDRY NO	OTICES AND REI	PORTS ON	WELLS					
	( DO NOT USE THIS FORM FOR I	PROPOSALS TO DRI SERVOIR. USE "APF				TOA 7	Lease Name or Unit A	igreement Name	<b>.</b>
	(FORM	4 C-101) FOR SUCH					SOUTH LANGLIE	JAL UNIT	C
1.	Type of Well: OIL GAS WELL WELL	$\overline{}$				İ			
L	METT METT		OTHER	INJECT	ION				
2	Name of Operator					8.	Well No.		
	APACHE CORPORATION					ŀ	10		
3.	Address of Operator					9.	Pool name or Wildcat		
	3300 N. A STE. 822	0 MIDLAND,	TX 79705	5		J	ALMAT: TAN-YAT	ES-7 RVRS	5
4.	Well Location Unit Letter M :	330	South		Line and	500	Feet From The _	West	Line
	Unit Letter::	Feet From The			_ Line and _		rect from the _		Line
	Section 8	Township	25-S	Range	37-E	NME	M LEA		County
		10. Ele	vation (Show w 3129	heiher <b>DF, I</b> 9 GL	RKB, RT, GR,	eic.)			
11.	Check	Appropriate B	ox to Indic	ate Natu	re of Noti	ice, Repo	rt, or Other Data		
	NOTICE OF IN			1		•	QUENT REPO		
	NOTIOE OF III	41511101410	•	1			COLITY HELD	🔾 .	

REMEDIAL WORK

OTHER:\_

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

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. RIH set CIBP @ 3100' w/ 35 sxs Cement
- 2. Spot cement plug from 1150'to 1050' (20 sxs)

PLUG AND ABANDON

**CHANGE PLANS** 

- 3. Spot cement plug from 50' to Surface (10 sxs)
- Install 4-1/2" dry hole marker.

I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE	e mod beier.  πημε District Manager	DATE 8-1-96
TYPE OR PRINT NAME Jon Hale	TELEPHONE NO.	(915) 683-6511
(Thus space for State Use)		
APPROVED BY	mle	DATE
CONDITIONS OF APPROVAL, IF ANY:		