Submit 3 Copies to Appropriate District Office

> Type of Well: XWELL

Name of Operator

3. Address of Operator

Well Location

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRIG				
P.O. Box	1980,	Hobbs,	NM	8824

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

Lewis B. Burleson, Inc.

P.O. Box 2479 Midland, TX 79702

760

OIL CONSERVATION DIVISION P.O. Box 2088

South

SUNDRY NOTICES AND REPORTS ON WELLS

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

WELL API NO. 30-025-11834 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATEL FEE X 6. State Oil & Gas Lease No. (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name Jenkins 8. Well No. 9. Pool name or Wildcat Langlie Mattix-SR Qn Grayburg 1980 West Line and Feet From The

Unit Letter :	Feet From The SOULTI	Line and	Feet From The West Lir	ne ·
Section 29	Township 25-S	Range 37-E NMPM	Lea County	
	10. Elevation (Show whether 3002 Gl	her DF, RKB, RT, GR, etc.) R		
11. Chec	k Appropriate Box to Indicat	te Nature of Notice, Report,	or Other Data	
NOTICE OF I	NTENTION TO:	SUBSEQU	JENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT	χ_
PULL OR ALTER CASING		CASING TEST AND CEMENT J	JOB	
OTHER:		OTHER:		
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	perations (Clearly state all pertinent details	s, and give pertinent dates, including estim	nated date of starting any proposed	

2-14-92

- Install BOP- Run 7" CIBP and set @2810' Circulate mud. Spot 10 sacks cement 2810' - 2750'.
- Spot 30 sacks cement 350' 170'.
- Spot 15 sacks cement 96' surface.
- Install marker clean location.

ereby certify that the information above is true and complete to the best of my knowledge	and belief			
ereby certify that the information above is true and complete to the best of my knowledge INATURE STATE STATE	TITLE _	Superintendent	DATE	2-24-92
PEOR PRINT NAME Wayne Jarvis			TELEPI	HONE SO 915/683-474
PROVED BY ROVED BY		/ 4,60 (* 64, ESS		Atr. , 6 '92



RECEIVED
FEB 2 6 1992
CD HOBES OFFICE