Form C-103 State of New Mexico Submit 5 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-25400 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE FEE |x 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) Cities Thomas 1. Type of Well: Oil Well X Gas Well Other 8. Well No. 2. Name of Operator Gruy Petroleum Management Co. 9. Pool name or Wildcat 3. Address of Operator 75014-0907 Langlie Mattix 7Rv-Qu-Gb P.O. Box 140907 Irving, Texas 4. Well Location 990 1650 feet from the East feet from the North line and **NMPM** County Township Range Section **24S** 37E Tea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND **CHANGE PLANS TEMPORARILY ABANDON** ABANDONMENT CASING TEST AND PULL OR ALTER CASING MULTIPLE **CEMENT JOB** COMPLETION  $\mathbf{x}$ OTHER: Temporary Abandon and Test 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. Please find attached pressure chart for the testing of the TA plug which was set at 2950'. Well previously TA'd in 1-5-96. This is subsequent test for continued TA'd status pending uphole review. Mr. Buddy Hill witnessed test on 2-5-2003. Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Sr. Regulatory Analyst \_ DATE \_ **SIGNATURE** Type or print name Don Aldridge Telephone No. 469-420-2728 (This space for State us RIGINAL SIGNED BY GARY W. WINK OC FIELD REPRESENTATIVE II/STAFF MANAGER APPROVED BY\_

Conditions of approval, if any: