Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised	1-1-89

District Office				Revised 1-	1-09
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lea	se v	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Leas	STATE X se No.	FEE
SUNDRY NOT	ICES AND REPORTS ON WE		M-14474	77777777	
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERVANCE)		OR PLUG BACK TO A	7. Lease Name or Unit	Agreement Name	
i. Type of Well:	TOTAL SCOTT NOT COALS.		Arnott Rai	msey Stat	ce
OIL GAS WELL 2. Name of Operator	other Brine	e well			
1 & S Brine Sales			8. Well No. 6		
3. Address of Operator 1 1.0. Dox Drawer 1	769 Bunice, NM		9. Pool name or Wildca Salt Sect:		
4. Well Location Unit Letter : 58	1 Feet From The South	OR		704	
			Feet From The	<u> </u>	Line
Section 1.6	Township 25 R. 10. Elevation (Show whether	ange 37	nmpm Lea		County
	10. Elevation (Show whether	Dr, KKB, KI, GK, EIC.)			
	Appropriate Box to Indicate	Nature of Notice, R	eport, or Other Dat	ta	
NOTICE OF INT	TENTION TO:	SUE	SEQUENT REP	ORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK	ALTE	ERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS. DPLUG	G AND ABANDOI	NMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB		
OTHER:		OTHER:			
12. Describe Proposed or Completed Opera	tions (Clearly state all pertinent details, a	d give pertinent dates, inclu	ding estimated date of starti	ing any proposed	
work) SEE RULE 1103.				FF	
Well presently has Notify NOW before	s a cast iron bridg	e plug set at	1000 ft.		
	oommonoing.				
1) lig up unit. 2) Pressure test 3) Jun in hole wi	casing to 500#				
	th 2 3/8" tubing t	o 1000 ft. ar	d circulate	cement to	0
SULTACE.	ole marker, cut and				
., 2141,00042 (41)	re marker, cut and	nors and clea	n location.		
I hereby certify that the information above is trug	and complete to the best of my knowledge and	belief.			
Fr. 0. 1 1 1 1		Agent	D	ATE 4-6-98	3
TYPE OR PRINT NAME 3ddie 4.	Seav	12		ELEPHONE NO. 50	32_225
(This space for State Use) OFUGINAL					·· = (- (-)
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APPROVED BY	<u> </u>	LE	D.	ATE	

