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SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
OPERATOR	

50. Indicate Type of Lease.  
State  Fee

51. State Oil & Gas Lease No.  
ST. 647

**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.)

OIL WELL  GAS WELL  OTHER

7. Unit Agreement Name

8. Farm or Lease Name  
H-Y State GH

9. Well No.  
1

10. Field and Pool, or Wildcat  
Illinois Camp Morro

11. Location of Well  
UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 31 TOWNSHIP 18S RANGE 28E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)  
3548' GR

12. County  
Eddy

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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER <u>Status report - shut in well</u>	

13. 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.

No remedial work has been done to this well since November 1979 sundry report. An offset well has been drilled and is presently being tested. This well remains dead and shut in, will be rworked after evaluation of the offset well 3/4 mile to the north.

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

SIGNED Eddie L. Madford TITLE Engineer DATE Nov. 26, 1980

APPROVED BY W.A. Gressett TITLE SUPERVISOR, DISTRICT H DATE DEC 1 1980

CONDITIONS OF APPROVAL, IF ANY: