

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-27728
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-2746
7. Lease Name or Unit Agreement Name Indian Hills "36" State
8. Well No. 1
9. Pool name or Wildcat Indian Basin - Upper Penn

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.)

1. Type of Well:
OIL WELL GAS WELL OTHER JAN 12 1994

2. Name of Operator
Mitchell Energy Corporation

3. Address of Operator
P. O. Box 4000, The Woodlands, Texas 77387-4000

4. Well Location
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line
Section 36 Township 21S Range 24E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3814' GL, 3829.5' KB

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: _____ <input type="checkbox"/>

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.

Post FO-2
8-25-95
PVA

See attached page

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

SIGNATURE E. R. Earles TITLE District Production Manager DATE 1/10/94
(915)

TYPE OR PRINT NAME E. R. Earles TELEPHONE NO. 682-5396

(This space for State Use)

APPROVED BY [Signature] TITLE F.O. 1 DATE 11-8-95

CONDITIONS OF APPROVAL, IF ANY: