

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. <u>30-045-24517</u>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <u>Have Lease Unit G</u>
8. Well No. <u>Have # 4</u>
9. Pool name or Wildcat

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator <u>Kendall & Associates Inc.</u>
3. Address of Operator <u>4015 Skyline Dr, Farmington, NM, 87401</u>	4. Well Location Unit Letter <u>G</u> : Feet From The <u>2020 N</u> Line and <u>2140</u> Feet From The <u>E</u> Line Section <u>23</u> Township <u>29 N</u> Range <u>11 W</u> NMPM <u>Santa Fe</u> County
10. Elevation (Show whether DP, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

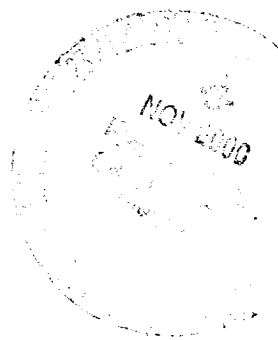
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <u>Resume production</u> <input checked="" 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.

Production resumed 10/1/2000



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

SIGNATURE David L. Kendall TITLE President DATE 11/28/00
TYPE OR PRINT NAME David L. Kendall TELEPHONE NO. 325-0375

(This space for State Use)
ORIGINAL SIGNED BY CHARLIE T. PERREN

APPROVED BY _____ DEPUTY OIL & GAS INSPECTOR, DIST. III DATE NOV 29 2000

CONDITIONS OF APPROVAL, IF ANY: