

DISTRICT I
P.O. Box 1960, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO.	30-039-25215
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	N/A
7. Lease Name or Unit Agreement Name	
Gonzales 2A	
8. Well No.	3
9. Pool name or Wildcat	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 Oexco Inc. (405) 843-8015
3. Address of Operator 501 West 144 Suite 100, Oklahoma City, OK 73118	4. Well Location Unit Letter <u>0</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>1830</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>31N</u> Range <u>1E</u> NMPM Rio Arriba County Elevation (Show whether DT, RAB, RT, GR, etc.) <u>7663' GL</u>

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"/>	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"/>
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.

MIRU Four Corners #4 Spud 12 1/4" hole @ 1500 Hrs. 05/02/93.
Drilled 12 1/4" hole to 234', Set 8 5/8" 24# J55 8rd Csg. @ 230'.
Cement with 160 Sx. class B w/2% CaCL. Circ. 61 Sx. to Surface.
Plug down @ 2230 hrs. 05/02/93.

RECEIVED

MAY 19 1993

OIL CON. DIV.
DIST. 3

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

SIGNATURE Joe A. Wilbanks TITLE Consultant DATE 05/10/93

TYPE OR PRINT NAME Joe A. Wilbanks TELEPHONE NO. 505 325-8786

(This space for State Use)

SUPERVISOR DISTRICT # 3

APPROVED BY Original Signed by FRANK T. CHAVEZ DATE MAY 19 1993

CONDITIONS OF APPROVAL, IF ANY: