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NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

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. OIL WELL GAS WELL OTHER-

2. Name of Operator
Rodney P. Calvin Oil & Gas, ~~Clayton B. Hamill and XO Exploration, Inc.~~

3. Address of Operator
P. O. Box 234, Farmington, New Mexico 87401

4. Location of Well
UNIT LETTER N 790 FEET FROM THE South LINE AND 1450 FEET FROM
THE West LINE, SECTION 19 TOWNSHIP 30N RANGE 11W NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Kaempf

9. Well No.
1

10. Field and Pool, or Wildcat
Basin Dakota

15. Elevation (Show whether DF, RT, GR, etc.)
5644' GR

12. County
San Juan

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER

ALTERING CASING

PLUG AND ABANDONMENT

17. 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.

3-8-73

One day on location. W.O.C. Depth 244'. Spudded at 6:00 p.m. 3-7-73. 1 hr rig idle - 9 hrs rig up - 2 hrs drill rat and mouse hole - 3 1/4 hrs drill surface - 2 1/4 hrs circulate, trip out to run casing - 6 1/2 hrs W.O.C. Ran 7 jts 8 5/8" O.D., 24#, J-55, 8Rd, ST&C casing set at 237' RKB. Cemented with 140 sacks Class "A", 25 CaCl. P.O.B. 11:30 p.m. 3-7-73. Circulated 10 barrels cement.



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

Original signed by T. A. Dugan
SIGNED Thomas A. Dugan TITLE Engineer DATE 3-9-73

Original Signed by Emery C. Arnold
APPROVED BY _____ TITLE SUPERVISOR DIST. #3 DATE MAR 12 1973

CONDITIONS OF APPROVAL, IF ANY: