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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-1520-1

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Marsh Operating Company	8. Farm or Lease Name State 34
3. Address of Operator P. O. Box 460; Dallas, TX 75221	9. Well No. 1
4. Location of well UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM THE <u>East</u> LINE, SECTION <u>34</u> TOWNSHIP <u>16S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Wildcat S. Kemnitz Atoka-Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 4084 KB	12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUS AND ABANDON
 TEMPORARILY ABANDON
 PULL OR ALTER CASING CHANGE PLANS
 OTHER

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. PLUS AND ABANDONMENT
 CASING TEST AND CEMENT JOB
 OTHER

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.

- 6/24/88 Spud.
- 6/25/88 Set 13-3/8", 54.5 lb/ft, J-55 casing @ 400'. Cemented w/420 sx Class C cement. Circulate 130 sx to surface. Test casing to 600 psi/30 minutes after waiting on cement for 18 hours.
- 7/02/88 Set 8-5/8", 32 lb/ft & 24 lb/ft, J-55 casing @ 4600'. Cemented w/2485 sx Lite cement. Circulate 180 sx to surface. Test casing to 600 psi/30 minutes after waiting on cement 21 hours.

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

SIGNED Don W. Moore TITLE Vice President DATE 8/30/88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: