

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.
30-025-32163
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. 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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name FRANCES EVELYN
2. Name of Operator DRUM ENERGY CORPORATION	
3. Address of Operator c/o OIL REPORTS & GAS SERVICE, INC. P.O. BOX 755 HOBBS, NEW MEXICO 88241	8. Well No. 1
4. Well Location Unit Letter N : 990 Feet From The SOUTH Line and 1740 Feet From The WEST Line Section 35 Township 19S Range 38E NMPM LEA County	9. Pool name or Wildcat <i>Nadine</i> WILDCAT SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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

6/20/95 GEL FRAC. 4317'-4360' W/52, 600 GAL BORATE
GEL FRAC, 104,700#'S SAND. WELL RETURNED TO PRODUCTION
6/21/95.

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

SIGNATURE *Laren Holler* TITLE AGENT DATE 07/26/95
TYPE OR PRINT NAME LAREN HOLLER TELEPHONE NO. (505) 393-2727

(This space for State Use)

Orig. Signed by
Paul Kattz
Geologist

APPROVED BY: TITLE: DATE:

CONDITIONS OF APPROVAL, IF ANY:

AUG 07 1995

MP

RECEIVED
JUL 20 1960
COMMUNICATIONS
OFFICE