

Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-33125

5. Indicate Type of Lease
STATE FEE

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.)

7. Lease Name or Unit Agreement Name

N. B. Bordages Gas Com

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.

2

2. Name of Operator
Lion Production, Inc.

9. Pool name or Wildcat
Eumont (Y-7R-QN)

3. Address of Operator
P. O. Box 2086, Midland, TX 79702

4. Well Location
Unit Letter A : 480 Feet From The North Line and 850 Feet From The East Line
Section 32 Township 19S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3602' KB 3591' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK

PLUG AND ABANDON

REMEDIAL WORK

ALTERING CASING

TEMPORARILY ABANDON

CHANGE PLANS

COMMENCE DRILLING OPNS.

PLUG AND ABANDONMENT

PULL OR ALTER CASING

CASING TEST AND CEMENT JOB

OTHER:

OTHER:

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.

Rod Ric Corporation spud 12-1/4" hole on 9-24-95 @ 3:00 p.m. CST. Drilled to 497'. Ran 12 jts 9-5/8", 36#/ft, J-55, ST&C used casing with TP shoe & insert float. Landed casing @ 496' KB and Howco cemented with 350 sx Class "C" Premium Plus with 2% CaCl. Circulated 127 sx to pit. Plug down @ 9:00 p.m. 9-24-95. WOC for 18 hrs. NU BOP and tested BOP & casing to 1000 psi - ok.

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

SIGNATURE [Signature] TITLE President

DATE 10-12-95
(915) 683-3008

TYPE OR PRINT NAME Michael Stewart

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

NOV 02 1995

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: