

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

ACT I
Box 1980, Hobbs, NM 88240

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

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

WELL API NO. 30-025-31846

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

ARCO

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. 1

2. Name of Operator
JKR OIL & GAS, INC

9. Pool name or Wildcat
SWD WILDCAT San Andres

3. Address of Operator
4950 N.O'CONNOR BLVD # 270 IRVING, TX 75062

4. Well Location
Unit Letter 0 : 2271 Feet From The EAST Line and 793 Feet From The SOUTH Line

Section 18 Township 17S Range 39E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3664 KB

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: SWD CONVERSION <input checked="" 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.

01/05/96 -- NU wellhead, spot 4000 gal 20% NEFE + rocksalt @ 1-2 bbls/min trip in 4 1/2" plastic coated PKR @ 5640' on 2 7/8" saltA tubing

01/08/96 -- constructed facilities, bore under road, install flo lines TESTED ALL CONNECTIONS

01/09/96 -- OPERATIONS COMMENCE TAKING SW FROM LAWRENCE 19-1 BATTERY WITNESSED BY HOBBS OCD OFFICE 01/08/96 - 01/15/96

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

SIGNATURE Robert A. Wiesner TITLE AGENT DATE 11/12/96

TYPE OR PRINT NAME ROBERT A WIESNER TELEPHONE NO. 972-717-9796

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNATURE: _____ DISTRICT III SUPERVISOR

NOV 19 1996

Handwritten initials: TD