Submit 3 Copies State of New Mexico Form C-103 to Appropriate District Office Energy, Minerals and Natural Resources Department Revised 1-1-89 OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-003-20018 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATEX FEE 1000 Rio Brazos Rd., Aziec, NM 87410 6. State Oil & Gas Lease No. LH-3057 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL X WELL OTHER STATE 2. Name of Operator 8. Well No. HUNT OIL COMPANY 1-16 3. Address of Operator 9. Pool name or Wildcat P.O. Box 720420, Norman, Oklahoma 73070-4307 Wildcat Well Location Unit Letter P : 1090 Feet From The South 660 Feet From The __ East 16 Section Township Range 13W **NMPM** Catron County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 7573 GR 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 ABANDONMEN 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 CURRENT STATUS: 20" conductor at 40', 13-3/8" surface casing at 454'. Drilled 12-1/4" hole to 4570'. Severe loss circulation has required 4 cement plugs (total 460 sxs) and over 5000 bbls mud loss. PROPOSED CHANGE IN PLANS: Set 9-5/8" 36# J-55 STC & 40# K-55 LTC casing @ 4570' which is estimated to be 40' into Yeso formation. Cement w/300 sxs light cement and 200 sxs neat cement which estimated to bring cement up to approx 2500'. Drlg ahead with 8-3/4" bit.

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

SIGNATURE

TITLE District Superintendent
DATE 10/26/89

TYPE OR FRENT NAME C.D. Williams 405/387-5888 TELEPHONE NO.

(This space for State Use)

APPROVED BY 73 Control of the best of my browledge and belief.

DISTRICT SUPERIOR NO.

10/26/89

CONDITIONS OF AFTROVAL, IF AND