Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO.
30-019-20096

5. Indicate Type of Lease STATE X 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
STATE MR. JONES 32 NO.1

1. Type of Well:
OIL WELL X GAS WELL OTHER

2. Name of Operator
LABRADOR OIL CO.

8. Well No.
1

3. Address of Operator
400 NORTH ST. PAUL, SUITE 400, DALLAS, TEXAS 75201

9. Pool name or Wildcat
WILDCAT

4. Well Location
Unit Letter F : 1795 Feet From The NORTH Line and 1895 Feet From The WEST Line

Section 32 Township 7N Range 23E NMPM SENW County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GROUND-4642

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK		REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB X	
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.

DRILL-17-1/2'' HOLE TO 400 RKB SET 396' 13-3 8'' K, MIXED 53 AND 61 LB CASING. CEMENT WITH 455 SAX OF CLASS C CEMENT-RECEIVED 54 SAX AT SURFACE. WOC 18 HRS WHILE NIPPLING UP TAG CEMENT AT 327 DRILL TO SHOE AT 394, CLOSE ANULAR PREVENTOR AND PRESSURE UP TO 750 LBS AND HOLD ONE HR. NO LOSS. DRILL FORMATION TO 424'TEST SEAT WITH EQUIVELENT 11 LB. MUD, NO BREAKDOWN

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

SIGNATURE [signature] TITLE COMPANY MAN DATE 10-1-94

TYPE OR PRINT NAME BRENT W. JOHNSON TELEPHONE NO. 214-855-5188

This space for State Use)

APPROVED BY [signature] TITLE DISTRICT SUPERVISOR DATE 11-5 94

CONDITIONS OF APPROVAL, IF ANY: