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. 30-003-20018

5. Indicate Type of Lease STATE [X] FEE [ ]

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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: STATE

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

2. Name of Operator: HUNT OIL COMPANY

8. Well No. 1-16

3. Address of Operator: P.O. Box 720420, Norman, Oklahoma 73070-4307

9. Pool name or Wildcat: Wildcat

4. Well Location
Unit Letter P : 1090 Feet From The South Line and 660 Feet From The East Line
Section 16 Township 3S Range 13W NMPM Catron County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 7573' 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	[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.

Drlg 17-1/2" hole to 454'. Set 13-3/8", 54.5#, J/K-55, STC casing @ 454'. Cemented w/475 sxs Class "C" cement with 1/4# flocele, 2% CaCl. Good cement returns to surface. Install 13-5/8" 3M x 13-3/8" SOW casinghead. Nipple up 5M SRRA BOP stack. After 72 hrs WOC, test casing and BOP equipment to 1000 psi. Ok. Drilling ahead with 12-1/4" bit.

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

SIGNATURE C.D. Williams TITLE District Superintendent DATE 10/11/89

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

(This space for State Use)

APPROVED BY Roy E. Johnson TITLE DISTRICT SUPERVISOR DATE 10-20-89

CONDITIONS OF APPROVAL, IF ANY: