

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

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

WELL API NO. 30-003-20018
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. LH-3057
7. Lease Name or Unit Agreement Name STATE
8. Well No. 1-16
9. Pool name or Wildcat Wildcat

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.)	
1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER	
2. Name of Operator HUNT OIL COMPANY	
3. Address of Operator P.O. Box 720420, Norman, Oklahoma 73070-4307	
4. Well Location Unit Letter <u>P</u> : <u>1090</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>3S</u> Range <u>13W</u> NMPM Catron County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>7573' GR</u>	

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 ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	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.

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 knowledge and belief.

SIGNATURE C.D. Williams TITLE District Superintendent DATE 10/26/89

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

(This space for State Use)

APPROVED BY R. E. Johnson TITLE DISTRICT SUPERVISOR DATE 10-30-89

CONDITIONS OF APPROVAL, IF ANY: