

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.

Drilled 8-3/4" hole to T.D. of 6890'. MW 9.2, Vis 45, WL 10.8. No shows. Plug #1 25 sxs-T.D., Plug #2 25 sxs-Top of Abo, Plug #3 45 sxs-Top of Yeso/btm of 9-5/8" csg, Plug #4 25 sxs-Top of Glorietta, Plug #5 25 sxs-Top of San Andres, Plug #6 45 sxs-Chinle & Dakota, Plug #7 20 sxs (1825-1888) Top of cmt outside 9-5/8" csg. Cut off wellhead. Weld plate on casing stub. Leave casing for rancher's use as water well. Affidavit of Responsibility is being processed. Confirming verbal approval from Roy Johnson to Dennis Ackerman.

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 11/8/89
TYPE OR PRINT NAME C.D. Williams 405/387-5888 TELEPHONE NO.

(This space for State Use)

APPROVED BY Ry E. Johnson TITLE DISTRICT SUPERVISOR DATE 11-13-89
CONDITIONS OF APPROVAL, IF ANY: