STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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JAN 10 1983
OIL CONSERVATION DIVISION
SANTA FE

5a. Indicate Type of Lease: State [X] Fee [ ]
5. State Oil & Gas Lease No.: LG 5582

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. OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name:

2. Name of Operator: THE DESANA CORPORATION

8. Farm or Lease Name: Wichita State

3. Address of Operator: 600 Building of the Southwest, Midland, Texas 79701

9. Well No.: 1

4. Location of Well
UNIT LETTER M, 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 5-N RANGE 30-E NMPM.

10. Field and Pool, or Wildcat: Wildcat

15. Elevation (Show whether DF, RT, GR, etc.): 4602.1' GL

12. County: Quay

16. 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 [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [X]	
OTHER [ ]		OTHER [ ]	

17. 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.

INTERMEDIATE CASING:

TD 972' - Ran 22 jts 8-5/8" 24# J-55 csg & set @ 972'. Cmtd w/200 sx Halliburton Lite containing 5# salt & 1/4# Flocele. Tailed in w/200 sx Class "C" containing 2% CaCl. Circ 60 sx. Drilled out. Pressure tested w/500#, held O.K.

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

SIGNED Jon R. Cook TITLE Production Superintendent DATE 12-29-82

APPROVED BY Carl Ulvog TITLE DISTRICT SUPERVISOR DATE 1/14/83

CONDITIONS OF APPROVAL, IF ANY: