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State of New Mexico

Form C-103 Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATEXX FEE 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. K-6845 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: WELL XX R & S State WELL. OTHER 2. Name of Operator 8. Well No. Frostman Oil Corp. 3. Address of Operator 484 -3112 9. Pool name or Wildcat P. O. Box 1567, Hope, NM 88250-1567 (505) 746-3347 Red Lake 4. Well Location Unit Letter $\underline{K}:\underline{1980}$ Feet From The \underline{West} 1980 Feet From The Section 17-S Range Township NMPM Eddy County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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 ABANDONMEN **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB 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. Spot 25 sx cmt plug @ 1660' W.O.C. tag cmt top @ 1471' 1) 2) Load hole W/mud Perforate 42 csg @ 850' Unable to pump into perforations, perforate @ 700' squeeze W/35 sx cmt W.O.C. tag cmt top @ 608' Perforate $4\frac{1}{2}$ csg @ 450' squeeze W/70 sx cmt W.O.C. Tag cmt top @ 239' 4) Perforate 4½ csg @ 50' circulate cmt to surface leaving 4½ full Set PA marker 5) Job completed 01/23/97 I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Z mme Operations Supervisor DATE = 02/03/97TYPE OR PRINT NAME TELEPHONE NO. (This space for State Use)

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY -