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APPROVED BY __

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103

District Office	Energy, Minerals and Natural Resources Department		Revised 1-1-89
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION		WELL API NO.
DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL AFT NO.
P.O. Drawer DD, Artesia, NM 88210	Santa re, New Mexico	8/504-2088	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE XX FEE
			6. State Oil & Gas Lease No. K-6845
SUNDRY NOT	ICES AND REPORTS ON WEI	LLS	
(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	
1. Type of Well: Oil GAS			1
MEIT XX MEIT	OTHER		R & S State
2. Name of Operator Frostman Oil Corp.			8. Well No.
3. Address of Operator		14.3117	9. Pool name or Wildcat
P. O. Box 1567, Hope,	NM 88250-1567 (505) 7	87.411.)	Red Lake
4. Well Location		19	85
Unit LetterK :19	980 Feet From The West	Line and191	Feet From The South Lin
Section 7	Township 17-S Ran	20	
	Township 1/-S Rar 10. Elevation (Show whether L	ige 28] DF, RKB, RT, GR, etc.)	NMPM Eddy County
		,	
11. Check A	Appropriate Box to Indicate N	lature of Notice, Re	eport, or Other Data
NOTICE OF INT	ENTION TO:		SEQUENT REPORT OF
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	
EMPORARILY ABANDON			ALTERING CASING
	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT ^{XX}
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB
OTHER:		OTHER:	
12. Describe Proposed or Completed Operati-	One (Clearly state all partinent details and		
work) SEE RULE 1103.	one (oreary same an perionen delaus, and	give pertinent dates, includi	ng estimated date of starting any proposed
1) 6 . 05			Post FL
2) Load hole W/mud	g @ 1660' W.O.C. tag cm	t top @ 1471'	3-14-9 R& H
	850' Unable to nump in	to porforations	, perforate @ 700' squeeze
4) Perforate 4½ csg @ 5) Perforate 4½ csg @	450' squeeze W/70 sx cr	nt W.O.C. Tag cm	nt top @ 239'
6) Job completed 01/23	our circulate cmt to si	urface leaving A	4½ full Set PA marker
o, oob completed 01/25	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
			*= .
~			FEB 1 1 1397
			, FEB 1 1 1397
I hereby certify that the information above he true ar	nd complete, to the best of my knowledge and bel	icf.	
\mathcal{L}	$\frac{1}{2}$		FEB 1 1 1397
I hereby certify that the information above in true at SIGNATURE AND TYPE OR PRINT NAME	$\frac{1}{2}$	id. Operations Supe	FEB 1 1 1397

- TITLE -

– DATE –