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NEW MEXICO OIL CONSERVATION COMMISSION

DEC - 1 1980

O. C. D.
ARTESIA, OFFICE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator Husky Oil Company of Delaware	5. State Oil & Gas Lease No. LG-6973
3. Address of Operator 600 S. Cherry St., Denver, Colorado 80222	7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>16</u> TOWNSHIP <u>16S</u> RANGE <u>27E</u> NMPM.	8. Farm or Lease Name SRC State
	9. Well No. 1
	10. Field and Pool, or Wildcat Diamond Mound, Atoka
	12. County Eddy
15. Elevation (Show whether DF, RT, GR, etc.) 3507' GR	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <u>Ran intermediate casing</u> <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>

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 1f03.

Ran 36 jts 8-5/8", 23#, M4, ST&C (1503'). Set @ 1500' KB.
Cemented w/708 sx Pacsetter Light w/8 lb. salt/sk + 10 lb.
Gilsonite + 1/4 lb/sk Celloseal. Tail in w/125 sx Class "C"
+ 8% salt. CIP @ 0500 9/27/80.

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

SIGNED Francis M. Stanzione TITLE Engineering Aide DATE Nov. 24, 1980

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: