State of New Mexico Energy, ... als and Natural Resources Department

Form (C-103
Revise	d 1-1-89

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DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

OIL CONSERVATION P.O. Box 2088	DIVISION
P.O. Box 2088	KECHIVEN

Santa Fe, New Mexico 87504-2088

MAY -7 '90

30-015-26340 5. Indicate Type of Lease STATE FEE

WELL API NO.

	1 90	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WEL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	LS C. D. OR PROGRAMMENTO A RMIT RECEIVED	V-3138 7. Lease Name or Unit Agreement Name
OIL GAS WELL X OTHER Name of Operator		PEOC 12 State Comm
Pacific Enterprises Oil Company (USA) Address of Operator	MAY 17'90	8. Well No.
P. O. Box 3083, Midland, Texas 79702	C D.	9. Pool name or Wildcat Empire South (Morrow)
Unit Letter J : 2080 Feet From The South	Line and 1980	Undesignated
Section 12 Township 17S Ran	ge 28E N	MPM Eddy County
3702.2' GR		

11. <i>C</i>	hast Ann	rominta Day & Y		*			
	nock App	rophate Box to Ind	icate I	Nature of Notice, Report, or	r Othe	r Data	
NOTICE	OF INTEN	ITION TO:				REPORT OF:	
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPNS.		PLUG AND ABANDONME	
PULL OR ALTER CASING			_	CASING TEST AND CEMENT JO	R 🗍	TO CALL TO A CONTROL OF THE	"
OTHER:				OTHER:			
12. Describe Proposed or Completed Operations (Clearly et et a 11 min)							

rly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Set Surface Casing: 4-18-90

Casing Depth: 378' Size: 13-3/8" Weight: 48#, H-40

Cemented with 370 sacks Howco premium plus w/1/4# flocele/sx and 2% CaCl₂. Cement did not circulate. TOC at 225'. Ran 1" cementing string down annulus to 206' and cemented with 25 sacks at 225'. WOC 1 hr. Ran 1" to 110'. Cemented with 150 sacks. Circulated 10 sacks to surface. Test 13-3/8" casing to 1000 psig. OK. WOC 12 hrs.

I hereby certify that the inform	nation story is true and complete to the best of my knowled		
SIGNATURE	(1.5.2)	Regional Operations Mgr.	_ DATE4-30-90
TYPE OR PRINT NAME	A. B. Buron, Jr.		ТЕЦЕРНОНЕ НО. 915-684-3861
(This space for State Use)	ORIGINAL SIGNED BY		
APPROVED BY	MIKE WILLIAMS SUFERVISOR, DISTRICT !!	- TITLE	MAY 2 9 1990

CONDITIONS OF APPROVAL, IF ANY: