

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

MAY -1 '90

WELL API NO.	30-015-26340
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	V-3138
7. Lease Name or Unit Agreement Name	PEOC 12 State Comm
8. Well No.	1
9. Pool name or Wildcat	Empire South (Morrow)
	Undesignated
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3702.2' GR

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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Pacific Enterprises Oil Company (USA) ✓
3. Address of Operator P. O. Box 3083, Midland, Texas 79702	4. Well Location Unit Letter J : 2080 Feet From The south Line and 1980 Feet From The east Line Section 12 Township 17S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3702.2' GR
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11. 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"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

Set Intermediate Casing String: 4-26-90
Casing Depth: 2674'
Size: 9-5/8"
Weight: 36#
Cemented with 1300 sx Howco Class "C" lite: 85% premium plus, 15% poz "A", 8% gel, 1/4#/sx Flocele at 12.3-12.6 ppg, followed by 250 sx Class "C" with 2% CaCl₂ and 1/4# Flocele/sx at 14.6-14.8 ppg. Circulated 150 sx to surface. Test BOP to 2500 psig. Test Hydril to 2000 psig. Drlg 5' formation and test casing shoe and formation to 400 psig. OK.

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

SIGNATURE A. B. Buron, Jr. TITLE Regional Operations Mgr. DATE 4-30-90

TYPE OR PRINT NAME A. B. Buron, Jr. TELEPHONE NO. 915-684-3861

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: