NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
OPERATOR	✓	

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

APR 11 1983

O. C. D.

ARTESIA, OFFICE

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

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: LG - 4216

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.)

7. Unit Agreement Name:

OIL WELL [X] GAS WELL [ ] OTHER-

2. Name of Operator: InterNorth, Inc.

8. Farm or Lease Name: State LG - 4216

3. Address of Operator: 403 Wall Towers West, Midland TX 79701

9. Well No.: 1

4. Location of Well
UNIT LETTER F, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 16S RANGE 28E NMPM.

10. Field and Pool, or Wildcat: Palmillo (Bone Spring)

15. Elevation (Show whether DF, RT, GR, etc.): KB 3432.5,DF 3431.5,GL 3414

12. County: Eddy

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER Recomplete in Bone Spring Formation [X]		OTHER [ ]	

7. 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.

Recompletion operations to start upon approval.

1. MIRU completion unit. NU BOP's, etc.
2. POH w/tbg & pkr. Set CIBP @ 10750' w/30'* cement on top. * 35' cement
3. Perf 5 1/2" casing 4 SPF @ 6700'. Set retainer @ 6680' and squeeze.
4. Perf 5 1/2" casing 4 SPF @ 6420'. Set RTTS @ 6350' and squeeze.
5. Drill cement and clean out to top of retainer @ 6680'. & test CSG
6. Perforate Bone Spring 6499-6550'.
7. Swab test & evaluate.
8. Stimulation treatment if necessary.

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

SIGNED L.W.Helms, Jr TITLE Petroleum Engineer DATE 4-6-83

APPROVED BY Original Signed by Leslie A. Clements TITLE Supervisor District II DATE APR 12 1983

CONDITIONS OF APPROVAL, IF ANY: