

IL CONSERVATION DIVISION
P. O. BOX 12088
SANTA FE, NEW MEXICO 87501

Form 1-101
Revised 10-1-77

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APR 16 1980

State ☒ Gas ☐
State Oil & Gas Lease No. L.G. 2985

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPERATE ON OIL, GAS, OR A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL (FORM 1-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Jake L. Hamon	8. Permit or Lease Name State LG-2985
3. Address of Operator 611 Petroleum Building, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>26</u> TOWNSHIP <u>18-S</u> RANGE <u>28-E</u> RANGE	10. Field and Pool, or Wildcat Und Turkey Track N Morr.
15. Elevation (Show whether DF, RF, GR, etc.) 3500.2' GL	11. County Eddy

16. 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 ☐	REMEDIATION WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPER. ☒	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	

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 1103.

- Spudded well 4-12-80.
- Drilled 17-1/2" hole to 440'.
- Ran 15 jts. 12-3/4", 35# casing set at 438' KB and cemented with 525 sx Class C cement + 2% CaCl. Plug down at 8:30 PM 4-12-80 by HOWCO. Circulated out 55 sx cement.
- Nippled up casing head flange and installed BOP's.
- Pressure tested BOP's and surface casing to 750# for 30 minutes with no pressure loss.
- Started drilling 11" hole 4-13-80.

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

SIGNED J. L. Hamon TITLE Drilling Foreman DATE April 15, 1980

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: