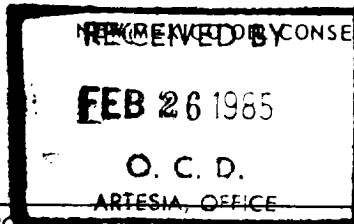


NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>



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

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Osage Boyd Com
9. Well No. 1
10. Field and Pool, or Wildcat Und. Boyd Morrow
12. County Morrow

**SUNDY 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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> Re-Entry.
2. Name of Operator Chama Petroleum Company
3. Address of Operator P.O. Box 31405, Dallas, Texas 75231
4. Location of Well UNIT LETTER <u>E</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM <u>West</u> THE <u>15</u> LINE, SECTION <u>19S</u> TOWNSHIP <u>25E</u> RANGE <u>25E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3467' 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Activity</u> <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Activity</u> <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 1109.

2-8-85: Checked tubing-casing annulus & 4½x 8 5/8 annulus & found no pressure.

2-9-85: Laid out surface equipment arrangement.

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

SIGNED <u>Leslie A. Clements</u>	TITLE <u>President</u>	DATE <u>2/25/85</u>
APPROVED BY <u>Supervisor District II</u>	TITLE <u></u>	DATE <u>FEB 27 1985</u>

CONDITIONS OF APPROVAL, IF ANY: