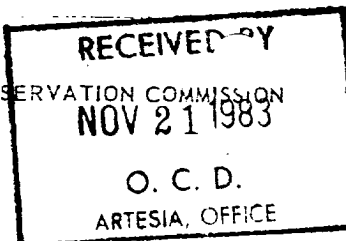


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LAND OFFICE	
OPERATOR	✓

NEW MEXICO OIL CONSERVATION COMMISSION



Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-55

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LG-945

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator Mitchell Energy Corporation ✓ 3. Address of Operator P. O. Box 4000, The Woodlands, Texas 77380 4. Location of Well UNIT LETTER <u>F</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1739</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>19S</u> RANGE <u>29E</u> NMPM.	7. Unit Agreement Name 8. Farm or Lease Name Flag "TD" State Com. 9. Well No. 1 10. Field and Pool, or Wildcat Turkey Tract (Atoka) 15. Elevation (Show whether DF, RT, GR, etc.) <u>3520 GA</u> 12. County Eddy
---	--

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" 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"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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 1103.

The Atoka perforations (10,566-10,574\_ were sealed off by packers set above and below the pers.

Post ID -  
12.6.83  
Pkg. Affr. Zone

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

SIGNED <u>Bill G. Spencer</u>	TITLE <u>Sr. Reg. Affrs. Coord.</u>	DATE <u>11/16/83</u>
APPROVED BY <u>Leslie A. Clements</u>		DATE <u>DEC 15 1983</u>
TITLE <u>Supervisor District II</u>		