

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION RECEIVED BY  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

8 OCT 20 1983  
O. C. D.  
ARTESIA, OFFICE

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
V-842

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 -1" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator OGE Drilling, Inc. ✓	8. Farm or Lease Name Luxury Yacht
3. Address of Operator 1140 2 First City Center, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER <u>B</u> <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>19 S</u> RANGE <u>31 E</u> NMPM.	10. Field and Pool, or Wildcat N Hackberry Y-SR
15. Elevation (Show whether DF, RT, GR, etc.) 3489 g1	12. County Eddy

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☒  
OTHER ☐  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

- 10-1-83 set 8-5/8" 20# csg @ 634' cemented with 450 sx class C & circ 160 sx to surface. WOC 18 hrs. install BOP. Test csg & BOP to 600 psi. Drill ahead.
- 10-5-83 set 5-1/2" 15.5 & 17# csg @ 2263' cemented with 250 sx Pacesetter Lite & 150 sx class C 50-50 POZ. (175% of calc hole volume to circ to surface). Float equipment held Okay.

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

SIGNED Michael Dohm TITLE Operations Manager DATE 10-19-83  
Original Signed By  
Leslie A. Clements  
APPROVED BY \_\_\_\_\_ TITLE Supervisor District II DATE JAN 24 1984