Submit 3 Copies to Appropriate District Office	State of New Mer Enerby, Minerals and Natural Res	sources Department	Land Office Form C-103 Revised 1-1-89 Operator
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	F.O. DOX 2000		WELL API NO
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Leage No. B9739-15
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR RECEIPMED O A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name P. J. "B" State
I. Type of Well: Oil GAS WELL X WELL	ОТНЕЖ	JUN 20 '89	
2 Name of Operator Fred PoolDri	lling, Inc.	O. C. D.	8. Well No. 2
3. Address of Operator P.O.Box 1393	, Roswell, N.M. 882	ARTESIA, OFFICE	9. Pool name or Wildcat Und. Turkey Trk, SR-Q-G-SA
4. Well Location			Feet From The <u>East</u> Line
Section 11	4.5		NMPM Eddy County
	10. Elevation (Show whether is	DF, RKB, RT, GR, etc.)	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS DELUG AND ABANDONMENT L
FULL OR ALTER CASING	I	CASING TEST AND C	F
OTHER:			
12. Describe Proposed or Completed Operations (Clearly state all pertinens details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.			
Spudded well June 17, 1989 TD 370' at 4p.m. Set 368 ft. of 14# 8 5/8 casing. Cemented with 250 sx Class C, 2% CaCl. Top of cement 15 ft. from surface. Filled to surface with 8 yards Ready Mix. Tested casing to 500#, 30 minutes. Cement held.			
WOC 18 hrs.			
6-19-89 Started drilling at 2 a.m.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIONATURE SIONATURE	ta los m	ne Vice Pres	ident DATE 6-20-89
TYPEORPRENT NAME Penta I	ool		TELEPHONE NO.
(This space for State Use) (FR)	GEMA SAGNED BY HELYAMIANAN	•	JUN 2 1 1989
APPROVED BY	≅iCiSSR p::TR.CT y ₩	ne	DATE -

CONDITIONS OF APPROVAL, IF ANY:,

in the control of the