STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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JAN 15 1992
O. C. D.
ARTESIA, OFFICE

clsf
Dp

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]
5. State Oil & Gas Lease No.: K-4093

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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name:

2. Name of Operator: Pool Oil Company ✓

8. Farm or Lease Name: Sivley State

3. Address of Operator: P.O. Box 604 Roswell, NM 88202

9. Well No.: 1

4. Location of Well: UNIT LETTER M, 330 FEET FROM THE South LINE AND 330 FEET FROM THE West LINE, SECTION 17, TOWNSHIP 19S, RANGE 29E, NMPM.

10. Field and Pool, or Wildcat: Millman-QN-GB-SA

15. Elevation (Show whether DF, RT, GR, etc.): 3361 GR

12. 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 [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [X]	
OTHER [ ]		OTHER [ ]	

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.

1/2/92 - TD 2052': Ran 2052' of 4½", 9.5# casing. Cemented with 120 sx. 65/35 poz and 105 sx. 50/50 poz. POB at 5:05 pm. Cement top 900' by temperature survey, attached. Tested to 1000 psi for 30 minutes, no pressure drop. WOC one week.

Preparing to perf. and frac.

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

SIGNED Jack F. Pool TITLE Owner DATE 1/10/92

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE JAN 17 1992

CONDITIONS OF APPROVAL, IF ANY: