

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-25133
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-991-2 & V-993-1
7. Lease Name or Unit Agreement Name IB State 32
8. Well No. 1-Y
9. Pool name or Wildcat Wildcat Upper Penn
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4295' GR

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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator Citation Oil & Gas Corp.
3. Address of Operator 8223 Willow Place South Ste 250 Houston, Texas 77070
4. Well Location Unit Letter M : 1270 Feet From The South Line and 660 Feet From The West Line Section 32 Township 21S Range 24E NMPM Eddy County

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Plug off Morrow Zone <input checked="" type="checkbox"/>

12. 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.

On May 7, 1992 Citation Oil & Gas Corp. set a CIBP @ 9570'. Dumped 2 sx cmt @ 9565' to 9545'.

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

SIGNATURE Sharon Ward TITLE Production Regulatory Supv DATE 6-24-92

TYPE OR PRINT NAME Sharon Ward TELEPHONE NO. 713-469-9664

(This space for State Use)

APPROVED BY ANNE MILLER TITLE SUPERVISOR, DISTRICT I DATE AUG 21 1992

CONDITIONS OF APPROVAL, IF ANY: