

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.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
6. State Oil & Gas Lease No. IG-5612
7. Lease Name or Unit Agreement Name
8. Well No. DOROTHY A STATE # 1
9. Pool name or Wildcat

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 SURE ENERGY OIL & GAS LTD.	
3. Address of Operator # 4 FOREST DRIVE ROSWELL, NM 88201	
4. Well Location Unit Letter <u>P</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Section <u>21</u> Township <u>20-S</u> Range <u>27-E</u> NMPM <u>EDDY</u> C.	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3249 GL	

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input 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.

Filled with ready mix cement from top to bottom. Set dry hole marker. Cleaned location.

WORK COMPLETED 9-9-94

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

SIGNATURE

DALE R. PEDEN

TITLE

Owner

DATE 9/10/94

TYPE OR PRINT NAME

DALE R. PEDEN

TELEPHONE NO 622-847

(This space for State Use)

APPROVED BY

[Signature]

TITLE

DALE R. PEDEN

DATE 11/15/94

CONDITIONS OF APPROVAL, IF ANY: