

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-015-23031
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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 type="checkbox"/> OTHER F/W Injection well	7. Lease Name or Unit Agreement Name Eugenie
2. Name of Operator I & W, Inc.	8. Well No. #2
3. Address of Operator P.O. Box 1685 Carlsbad, New Mexico 88220	9. Pool name or Wildcat
4. Well Location Unit Letter M : 1288' Feet From The S Line and 497' Feet From The W Line Section 17 Township 22 Range 27 NMPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3126	

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 checked="" type="checkbox"/>
	CASING TEST AND CEMENT JOB <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.

1/14/00 (5.) Tested 2 7/8 to 450 PSI for 30 minutes no loss of pressure.
Cont. (6.) Ran 1" to TOC tagged up at approx. 200" in soft slurry, pulled up to where it would circulate.
(7.) Circulate cement out to surface as directed by OCD representative.



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

SIGNATURE George Parchman TITLE Manager DATE 2/1/2000

TYPE OR PRINT NAME George Parchman TELEPHONE NO. 885-6663

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: