

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87504

Form C-103
Revised 10-1-78

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MAR 21 1983

O. C. D.

ARTESIA OFFICE

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator THE DESANA CORPORATION		5. State Oil & Gas Lease No. LG 468
3. Address of Operator 600 Building of the Southwest, Midland, Texas 79701		7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>J</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1950</u> FEET FROM THE <u>East</u> LINE, SECTION <u>6</u> TOWNSHIP <u>24-S</u> RANGE <u>27-E</u> NMPM.		8. Farm or Lease Name Amoco MU State
		9. Well No. 1-Y
		10. Field and Pool, or Wildcat Undes. - Bone Spring
15. Elevation (Show whether DF, RT, GR, etc.) 3241.9' GL		12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Completion</u> <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

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.

9-9-82: Perf 5461-66' & 5469-71' w/1 JSPF, 10 holes, treat 500 gal 15% MSR acid, swbd back.
9-10-82: Acdz w/5000 SCF-N₂ Pad, 5000 gal 15% MSR, flow back.
9-13-82: Frac w/57000 gal gel wtr & 120500# sd, flow back.
Prep to potential.

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

SIGNED Tom R. Cook Tom R. Cook TITLE Production Superintendent

DATE 3-18-83

Original Signed By
Leslie A. Clements
Supervisor District II

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE MAR 22 1983