

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

SEP 30 1993

WELL API NO.	3001524740
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	USA NM 54390
7. Lease Name or Unit Agreement Name	FOREHAND FEDERAL 25 COM
8. Well No.	1
9. Pool name or Wildcat	CARLSBAD MORROW SOUTH
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3214 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 ☐ GAS WELL ☒ OTHER ☐

2. Name of Operator
HAMON OPERATING COMPANY

3. Address of Operator
8411 PRESTON RD. STE-800, LB#33, DALLAS, TX 75225

4. Well Location

Unit Letter N : 660 Feet From The SOUTH Line and 1980 Feet From The WEST Line

Section 25 Township 23S Range 26E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3214 GR

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"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: RECOMPLETE TO ATOKA <input checked="" 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.

** SEE ATTACHED **

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

SIGNATURE Steve T. Flynn TITLE PRODUCTION ENGINEER DATE 09/28/93
(214)
TYPE OR PRINT NAME STEVE FLYNN TELEPHONE NO. 891-0009

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY RAY SMITH TITLE OIL AND GAS INSPECTOR DATE OCT 20 1993

CONDITIONS OF APPROVAL, IF ANY: