State of New Mexico Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate District Office Revised 1-1-89 OIL CONSERVATION DIVISION DISTRICT WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 3003905784 Santa Fe. New Mexico 87504-2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X 6. State Oil & Gas Lease No. 1000 Rio Brizos Rd., Aziec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: WELL | WELL X Coral 8. Well No. 2. Name of Operator Kimball Oil Comapany

3. Address of Operator 9. Pool name or Wildcat 500 Throckmorton, Suite 3000, Fort Worth, Tx. 76102 Basin Dakota 790 South 790 Feet From The Line and \_\_\_ Feet From The Rio Arriba 25N **6W NMPM** County Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: OTHER:\_ 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. Propose to rig up pump truck and test annulus to 1000 psi. If casing holds, test tubing to 1000 psi. If the pressure test fail, move in workover rig, pull tubing and packer to clean out hole. Test Dakota perforations by setting a model "R" packer above the perfs and swab. If commercial gas shows, prepare to repair holes in casing. If well proves to be non-commercial after testing, rig up plugging company and plug well as per state plugging procedures.

If true and complete to the best of my knowledge and belief. I hereby certify that the information \_ DATE <u>8-7-95</u> TITLE . SIGNATURE TELEPHONE NO327-9267 Joe Elledge TYPE OR PRINT NAME

(This space for State Use)

Robinson

DEPUTY OIL & GAS INSPECTOR, DIST. #3