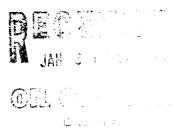
<u>D</u> P.

| histrict Office  | TT  |  |  |  |
|--|---|--|--|--|
| OIL CONSERVATION D<br>O.Box 1980, Hobbs, NM 88240 P.O. Box 2088  | 30-045-09481  |  |  |  |
| Santa Fe, New Mexico 8750<br>O. Drawer DD Artesia, NM 88210  | 5. Indicate Type of Lease  STATE FEE  |  |  |  |
| DISTRICT III<br>000 Rio Brazos Rd., Aztec, NM 87410  | 6. State Oil & Gas Lease No.  |  |  |  |
| SUNDRY NOTICES AND REPORTS ON WELL<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI"<br>(FORM C-101) FOR SUCH PROPOSALS.)  | PLUG BACK TO A 7. Lease Name or Unit Agreement Name   |  |  |  |
| 1. Type of Well: OIL GAS WELL OTHER  |   |  |  |  |
| 2. Name of Operator Southwest Production Co.   | 8. Well No.<br>No. 1  |  |  |  |
| 3. Address of Operator  C/O PMCI, PO Box 2596, Farmington, NM 87499  | 9. Pool name or Wildcat<br>Basin Dakota   |  |  |  |
| 4. Well Location   |   |  |  |  |
| Unit Letter K: 1800 Feet From The S Line and 1520 Feet From The W Line   |   |  |  |  |
|  |   |  |  |  |
| Section 18 Township 30N Ran  |   |  |  |  |
| 10. Elevation (Show whether DI 5542 'GL  | ge IIW MMIMI<br>F,RKB,RT,GR,etc.)   |  |  |  |
| 10. Elevation (Show whether DI 5542 'GL  11. Check Appropriate Box to Indicate Natural Check Appropriate Che | F,RKB,RT,GR,etc.)  ure of Notice, Report, or Other Data   |  |  |  |
| 10. Elevation (Show whether DI 5542 'GL  | ge IIW MMIMI<br>F,RKB,RT,GR,etc.)   |  |  |  |
| 10. Elevation (Show whether DI 5542 'GL  11. Check Appropriate Box to Indicate Natural Check Appropriate Che | F,RKB,RT,GR,etc.)  ure of Notice, Report, or Other Data  SUBSEQUENT REPORT OF:  REMEDIAL WORK  ALTERING CASING  |  |  |  |
| 10. Elevation (Show whether DI 5542 'GL  11. Check Appropriate Box to Indicate Nata NOTICE OF INTENTION TO:  | F,RKB,RT,GR,etc.)  ure of Notice, Report, or Other Data  SUBSEQUENT REPORT OF:  REMEDIAL WORK  ALTERING CASING  COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT   |  |  |  |
| 10. Elevation (Show whether DI 5542' GL  11. Check Appropriate Box to Indicate Nature NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS  PULL OR ALTER CASING   | ge TIW NMTM F,RKB,RT,GR,etc.)  ure of Notice, Report, or Other Data SUBSEQUENT REPORT OF:  REMEDIAL WORK ALTERING CASING  |  |  |  |
| 10. Elevation (Show whether DI 5542' GL  11. Check Appropriate Box to Indicate Natu NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS  PULL OR ALTER CASING  OTHER: Schedule P&A  | F,RKB,RT,GR,etc.)  LITE OF Notice, Report, or Other Data  SUBSEQUENT REPORT OF:  REMEDIAL WORK  COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT  CASING TEST AND CEMENT JOB  OTHER:   |  |  |  |
| 10. Elevation (Show whether DI 5542' GL  11. Check Appropriate Box to Indicate Natu NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON  TEMPORARILY ABANDON CHANGE PLANS  PULL OR ALTER CASING  OTHER: Schedule P&A  12. Describe Proposed or Completed Operations. (Clearly state all pertinent details, and SEE RULE 1103.  | F,RKB,RT,GR,etc.)  The of Notice, Report, or Other Data  SUBSEQUENT REPORT OF:  REMEDIAL WORK  COMMENCE DRILLING OPNS.  CASING TEST AND CEMENT JOB  OTHER:  d give pertinent dates, including estimated date of starting any proposed work)   |  |  |  |
| 10. Elevation (Show whether DI 5542' GL  11. Check Appropriate Box to Indicate Nature NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS  PULL OR ALTER CASING  OTHER: Schedule P&A  12. Describe Proposed or Completed Operations. (Clearly state all pertinent details, and  | F,RKB,RT,GR,etc.)  ure of Notice, Report, or Other Data SUBSEQUENT REPORT OF:  REMEDIAL WORK  COMMENCE DRILLING OPNS.  CASING TEST AND CEMENT JOB  OTHER:  d give pertinent dates, including estimated date of starting any proposed work)  COMMENCE DRILLING OPNS.  OTHER:  Description of this well be delayed until April, |  |  |  |



|  | JAN 3 1                              | on Linear Communication (Communication Communication Commu |
|--|--------------------------------------|--|
|  | OSA (Cross de la company)            |  |
|  |                                      |  |
| I hereby certify that the information above is true and complete to the best of my leading to the sest of my leading to th | TITLE Agent                          | DATE Jan 28, 1997<br>EPHONE NO 505-325-5220  |
| APPROVED BY CONDITIONS OF APPROVAL, IF ANY   | DEPUTY OIL & GAS INSPECTOR, DIST. #3 | DATE <b>JAN</b> 3 1 1997   |
|  |                                      |  |