Submit 3 copies

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 IL

OIL CONSERVATION DIVISION

	P.O. Box 2088	
_	Name Marriage 07504 0000	

3004529401

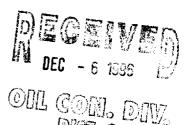
WELL API NO.

P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
DISTRICT III	STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil / Gas Lease No. E-6289-1
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name FEDERAL STATE COM
1. Type of Well: OIL GAS WELL OTHER	
Name of Operator FOUR STAR OIL AND GAS COMPANY	8. Well No.
3. Address of Operator 3300 N. Butler Ave., Suite 100 Farmington NM 87401	9. Pool Name or Wildcat BLANCO MESA VERDE - (EXT.)
4. Well Location Unit Letter O: 1120 Feet From The SOUTH Line and 1605 Section 32 Township T30N Range R11W NN	
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 5893'	
Check Appropriate Box to Indicate Nature of Notice, Report,	or Other Data
NOTICE OF INTENTION TO: SL	JBSEQUENT REPORT OF:

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL WORK ALTERING CASIN	ig 🔲
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPERATION PLUG AND ABAN	DONMENT
PULL OR ALTER CASING				CASING TEST AND CEMENT JOB	
OTHER:				OTHER: SPUD AND SURFACE CASING	

FOUR STAR OIL & GAS COMPANY HAS COMPLETED THE FOLLOWING ON THE SUBJECT WELL:

- 12/2/96 RIG UP DRILL RIG. SPUD WELL 1:00 A.M. 12/2/96.
- DRILL 11" HOLE TO 310'. PREP HOLE TO RUN CASING.
- RUN 7 JTS. 8-5/8", 24#, WC-50 CASING. SET AT 310'. CEMENT WITH 215 SX 'G' CEMENT WITH 2% CaCl, 1/4# / SX FLOCELE. CIRCULATE 73 SX TO SURFACE.
- CUT OF CASING, NU BOP AND CHOKE. TEST TO 1500 PSI, OK.
- DRILL AHEAD WITH 7-7/8" BIT.



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I hereby certify that the information above is tru	e and complete to the best of my knowledg	e and belief.			
SIGNATURE TITLE Operating Unit Manager			DATE 12/4/96		
TYPE OR PRINT NAME	Ted A. Tipton		Telephone No. 325-4397		
(This space for State Use)					
APPROVED BY Original Signed by FRA	ANK T. CHAVEZ_TITLE_	SUPERVISOR DISTRICT # 3	DATE DEC - 6 1996		

^{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.