

Submit 3 Copies To Appropriate District Office
 District I 1625 N. French Dr., Hobbs, NM 88240
 District II 1301 W. Grand Ave., Artesia, NM 88210
 District III 1000 Rio Brazos Rd., Aztec, NM 87401
 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED
 AUG 29 2005
 CONSERVATION DIVISION
 OIL CONSERVATION DIVISION
 DIVISION

State of New Mexico
 Energy, Minerals and Natural Resources
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 May 27, 2004

WELL API NO. 30-037-20085
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SUEHS
8. Well Number 1
9. OGRID Number 181109
10. Pool name or Wildcat Wildcat

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 **CAMERON OIL & GAS INC.**

3. Address of Operator **PO Box 1455 Roswell NM 88201**

4. Well Location
 Unit Letter **0** : **6601** feet from the **FSL** line and **1988** feet from the **FEL** line
 Section **27** Township **10N** Range **31E** NMPM County **QUAY**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4180GR

Pit or Below-grade Tank Application or Closure

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

8-9-05 RAN 7" 23# K-55 LTOE CASING. Set at 1030'
Cemented with 125 sacks 35/65 Pozmix e w/ 1% each 2 +
1/4" celloflake per sack. TAIL IN WITH 150 SACKS "e" w/ 2% each 2 +
+ 1/4" celloflake per sack. FULL RETURNS THRU-OUT JOB. Circulated
5 sacks to pit. Started drilling on 8-10-05, reached
DEPTH of ~~70~~ 2530' on 8-23-05. MOVE ROTARY OFF
LOCATION. Prep TO MOVE CABLE TOOL BACK ON LOCATION
TO DRILL Deeper.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE *James Sweeney* TITLE Operations Manager DATE 8-25-05

Type or print name *James Sweeney* E-mail address: dsweeney@pwrnetworks.net Telephone No. 505-627-3284
 For State Use Only Telephone No. 505-420-1108

APPROVED BY: *[Signature]* TITLE DISTRICT SUPERVISOR DATE 8/30/05
 Conditions of Approval (if any): _____