

SPENCE ENERGY COMPANY 4925 Greenville Avenue/Suite 605/ Dallas, Texas 75206/(214)739-0027/FAX(214)739-3023/senco@airmail.net

L. O. SPENCE
PRESIDENT

CLAY SPENCE
VICE PRESIDENT

STEVEN W. HOOSER
CONTROLLER - CPA

Rec'd 1/10/06

January 9, 2006

Oil Conservation Division
1625 N. French Dr.
Hobbs, NM 88240

Attn: Chris Williams or
Gary Wink

Re: Kellahin State 14-2
API# 30-025-29969

Dear Gary or Chris,

Enclosed is the chart for Spence Energy Company's Kellahin State 14-2 well. This well is up for a court hearing on 1-19-06, pending you get this chart.

Thank you,

Clay Spence



Enclosures

Cc David Brooks

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

WELL API NO. 30-025-29969
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 2-M-1041
7. Lease Name or Unit Agreement Name Kellakin 14 State #2
8. Well No. 2
9. Pool name or Wildcat S Flying M. (San Andres)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
2. Name of Operator Amoco Energy Co.
3. Address of Operator 4915 Greenville Ave Ste #605 Dallas, TX 75206
4. Well Location Unit Letter P : 330 Feet From The South Line and 700 Feet From The East Line Section 14 Township 9S Range 32E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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

- ① Set CIBPC 4100' + dump 35' of Cement on top.
- ② Pressure test casing to 500 ^{lb}. ~~psi~~

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

SIGNATURE *Clay Spence* TITLE *V.P.* DATE *1-9-06*

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

