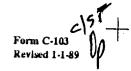
Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department



DISTRICT |

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT II 30-005-10165 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease 1111 1 4 **199**3 FEE X DISTRICT III STATE 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. Q. (, D. 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.) 1. Type of Well: OIL. OTHER White SWD 2. Name of Operator 8. Well No. Klabzuba Operating Company 3. Address of Operator 2-SWD 9. Pool name or Wildcat 930 West First St. Ft. Worth, TX 76102 Race Track (San Andres) 4. Well Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West 18 Section Township 10S Range 28E NMPM Chaves 10. Elevation (Show whether DF, RKB, RT, GR, etc.) County 3761 KB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER:_ 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed 10 3/4" set @415'. Cement circulated to surface. Casing: 4½" set @2320'. Cement circulated to surface. 2186-2202, 2262-2264, 2283-2289. Permanent packer @2150' Perfs: Proposed Operation: Pull fiberglass tubing & seal assembly. Set retrievable BP @2120'. Load hole & pressure test to 500 psi for 30 minutes. Shut well in. Notify N.M.O.C.C. in sufficient time to witness I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Engineer DATE 7/9/93 TYPEORPRINT NAME John M. Roberts TELEPHONE NO.817-336-5757 (This space for State Use

APPROVED BY