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DEC 11 '89

3a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
3. State Oil & Gas Lease No. NA
7. Unit Agreement Name NA
8. Farm or Lease Name Plainstec
9. Well No. 2
10. Field and Pool, or Wildcat Und. Diablo, S.A
12. County Chaves

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT ARTESIA OFFICE USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Slash Four Enterprises, Inc.
3. Address of Operator P.O. Box 1433, Roswell, New Mexico 88201
4. Location of Well UNIT LETTER <u>G</u> <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE, SECTION <u>28 27</u> TOWNSHIP <u>10S</u> RANGE <u>27E</u> N.M.P.M.
15. Elevation (Show whether DF, RT, CR, etc.) 3822 gr

16. 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 checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

Commenced drilling at 3:00 pm 12/1/89. Drilled a 12 1/4" hole to 408' and ran 10 joints (408') new 8 5/8" 24# casing with insert float and guide shoe. Cemented casing with 250 sx class C with 2% CaCl. Circulated 125 sx to pit. Pumped plug to float and pressured casing to 600 psi and held for 30 minutes. W.O.C. 18 hrs.

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

SIGNED: [Signature] TITLE: President DATE: Dec. 7, 1989

APPROVED BY: MIKE WILLIAMS TITLE: SUPERVISOR, DISTRICT 19 DATE: DEC 13 1989

CONDITIONS OF APPROVAL, IF ANY: