

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

RECEIVED
DEC 11 '89

WELL API NO. 30-005-62746
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG 5230
7. Lease Name or Unit Agreement Name South Dallas
8. Well No. 2
9. Pool name or Wildcat Foor Ranch Pre-Permian

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator Pacific Enterprise Oil Company (USA) ✓	
3. Address of Operator P. O. Box 3083, Midland, Texas 79702	
4. Well Location Unit Letter B : 660 Feet From The North Line and 1400 Feet From The East Line Section 2 Township 10S Range 26E NMMP Chaves 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <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.

Spud Well 12-6-89

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

SIGNATURE C. Robert Winkler III TITLE Operations Engineer DATE 12-7-89

TYPE OR PRINT NAME C. Robert Winkler III TELEPHONE NO. 915-684-3861

(This space for State Use)

ORIGINAL SIGNED BY

APPROVED BY _____ TITLE _____ DATE _____

DEC 13 1989

CONDITIONS OF APPROVAL, IF ANY: