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State of New Mexico

Form C-103 in...als and Natural Resources Department District Office Revised 1-1-89 DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088CEIVED 30-005-62746 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE _ DISTRICT III DEC 20'89 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. LG 5230 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPER TORIR LOGSBACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: WELL WELL X OTHER South Dallas 2. Name of Operator 8. Well No. Pacific Enterprises Oil Company (USA) 2 3. Address of Operator 9. Pool name or Wildcat P.O. Box 3083, Midland, Texas 79702 Foor Ranch Well Location Unit Letter B: 660 Feet From The North 1400 Line and ___ Feet From The ___East 10S Township Range 26E **NMPM** Chaves County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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 work) SEE RULE 1103. Set surface casing 12-9-89. Set 8 5/8" casing to 1156' -44' 32#/ft J55 NEW 1082.37' 24#/ft J55 NEW 28.80' 32#/ft J55 NEW Cemented with 380 sx Western's Pacesetter Lite w/ 5#/sx gilsonite, 4#/sx flocele, 3% CaCl. Tail - 200 sx "C" w/ 4#/sx flocele, 2% CaCl. Cement not circulated to surface. Ran temp. survey after 6 hrs. TOC at 300'. Ran 1" in two stages: 1st stage from 175' - 100 sx "C" w/ 4% CaCl. 2nd Stage from 110' - 85 sx "C" w/ 4% CaCl. Circulated 2 sx to surface.

I hereby certify that the information above is true and complete to the best of my known signature C. Policy Wingles on	woodge and bedief	DATE 12-12-89
TYPEORPRINTNAME C. Robert Winkler III		тецерноме но. <u>915/684</u> —3861
(This space for State Use) APPROVED BY The State Use)	SUPERVISOR, DISTRICT II	DEC 2 6 1989
CONDITIONS OF APPROVAL, IF ANY:		