

CLSF
DP

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

STRICT I
P.O. Box 1980, Hobbs, NM 88240

STRICT II
P.O. Drawer DD, Artesia, NM 88210

STRICT III
00 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-005-63067
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Northern Lights
8. Well No. 1
9. Pool name or Wildcat Und Group 3

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.)

Type of Well:
OIL WELL GAS WELL OTHER

Name of Operator
Thornton Operating Corporation

Address of Operator
P. O. Box 833, Midland, Texas 79702

Well Location
Unit Letter 0 : 449 Feet From The South Line and 2183 Feet From The East

Section <u>7</u>	Township <u>8S</u>	Range <u>29E</u>	NMPM	Chaves	Col
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4068' GR 4079' RKB</u>					

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 type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: _____	

2. 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.

06/06/95 Lay down drill pipe and drill collars.

06/07/95 Rig up Matador casing crew. Run 205 jts of 5 1/2" 17# used N-80 8RD LT&C ERW @ 7125'. RU Halliburton, pump 220 SX 50/50 Poz "C" W/Add. Plug down 9:00 AM with 1500#. Holding ok. Nipple down. Drop slips. cut off 5 1/2" casing. Release rig.

RECEIVED

AUG 14 1995

OIL CONSERVATION DIVISION

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

SIGNATURE Robert L. Thornton TITLE President (915) 684-4275
June 17, 1995

TYPE OR PRINT NAME Robert L. Thornton TELEPHONE NO. _____

(This space for State Use) ORIGINAL SIGNED BY TIM W. SUIB
DISTRICT II SUPERVISOR

AUG 23 1995

APPROVED BY _____ TITLE _____ DATE _____