

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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| 5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No. |

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Cabot Petroleum Corporation 3. Address of Operator P. O. Box 5001, Pampa, TX 79065 4. Location of Well UNIT LETTER P 660 FEET FROM THE East 660 FEET FROM South 15 TOWNSHIP 11S RANGE 33E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 4249' GR | 7. Unit Agreement Name 8. Farm or Lease Name Mary Ellen Dallas 9. Well No. 1 10. Field and Pool, or Wildcat North Bagley Permo Penn 12. County Lea |
|--|--|

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

| | | | |
|---|---|--|---|
| PERFORM REMEDIAL WORK <input checked="" 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 ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOBS <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.

On or about July 23, 1984, we plan to perforate the Upper Penn formation from 8980'-9361' and acidize with 11,400 gallons MOD 202. Also plan to perforate the Lower Wolfcamp formation from 8671'-8875' and acidize with 4200 gallons MOD 202 and return the well to production.

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

SIGNED Evelyn Farmer TITLE Agent DATE 7/17/84

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT 1 SUPERVISOR TITLE _____ DATE JUL 19 1984
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUL 18 1984

O.C.D.
HOBBS OFFICE