District Office

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-28552

5. Indicate Type of Lease STATE [X] FEE [ ]

6. 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.)

7. Lease Name or Unit Agreement Name: Rob Clay State

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: Southeastern Petroleum, Inc.

8. Well No. #1

3. Address of Operator: PO Box 8124 Roswell New Mexico 88202

9. Pool name or Wildcat: East Caprock

4. Well Location
Unit Letter F : 1980 Feet From The West Line and 1650 Feet From The North Line

Section 23 Township 12S Range 32E NMPM Lea 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	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[X]
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.

4-27-98
Set CIBP @ 10,500'
Dump 35' Cement On Top.
Set CIBP @ 10,250'

4-28-98
Circulate Hole 10# Brine
With 25# Gel Per Bbl.
Spot 25 sx Class C @ 10,250'
Spot 25 sx Class C @ 7258'

4-30-98
Cut 5½" Casing @ 4198

4-30-98
Laydown 5½" Casing

5-1-98
Laydown 5½" Casing
Spot 50 sx Class C @ 4341'

5-4-98
Tag @ 4123' Spot 50 sx Class C 3% CaCl2 @ 3626'
Tag @ 3486 Spot 40 sx Class C @ 1539'
Spot 40 sx Class C @ 428'
Pump 10 sx Surface Plug
Cut off & Install Dry Hole Marker

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

SIGNATURE Jack Shelton TITLE Agent DATE 5-5-98

TYPE OR PRINT NAME Jack Shelton TELEPHONE NO. 915-523-5155

(This space for State Use)

APPROVED BY Billy E. Prichard TITLE _____ DATE FEB 2 0 1999

CONDITIONS OF APPROVAL, IF ANY: