

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

WELL API NO. <u>30-025-30316</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <u>V-Z174</u>
7. Lease Name or Unit Agreement Name <u>STATE "Z6"</u>
8. Well No. <u>Z</u>
9. Pool name or Wildcat <u>VADA DEVONIAN</u>

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator <u>WESTERN RESERVES OIL CO. INC.</u>
3. Address of Operator <u>P.O. Box 993, Midland, TX 79702</u>
4. Well Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>EAST</u> Line and <u>1910</u> Feet From The <u>SOUTH</u> Line Section <u>Z6</u> Township <u>10 SOUTH</u> Range <u>33 EAST</u> NMPM <u>LEA</u> County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4218' DF</u>

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 checked="" 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.

Drilled 7 7/8" hole to 12,1953'. RUN 314 JTS 5 1/2" 17# N-80 CSG
to 12,1948'. LMT CSG w/500 SKS CLASS "H" 50/50 TBMIX
w/5% KCl + 0.6% HALAD ZTA + 1# TUFF Plug + 1/4# FLOCER.
BUMP Plug AT 3:30AM 8-05-88.

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

SIGNATURE Christopher T. Renaud TITLE ENGINEER DATE 3/09/90
(915)
TYPE OR PRINT NAME CHRISTOPHER T. RENAUD TELEPHONE NO. 683 5533

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 13 1990

CONDITIONS OF APPROVAL, IF ANY: