

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30 025 33721
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name State 3
8. Well No. 1
9. Pool name or Wildcat South Crossroads - Devonian

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator Cobra Oil & Gas Corporation	
3. Address of Operator P.O. Box 8206 Wichita Falls, Texas 76307-8206	
4. Well Location Unit Letter <u>F</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>10S</u> Range <u>36E</u> 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 <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.

Drill out of 13 3/8" surface casing with 12 1/4" bit. Test casing to 500 psi for 15 minutes. Drill 12 1/4" hole to 4,248'. Run 8 5/8" 24# & 32# J-55 & S-80 casing to 4,248'. Halliburton cemented with 1350 sacks of Lite "C" cement with 6% salt, 1/4#/sack Flocele mixed at 12.4ppg, yeild 2.09 cuft/sack. Tail with 300 sacks Class "C" cement w/2% CaCl mixed at 14.8 ppg, yeild 1.32 cuft/sack. Circulate 40 barrels to s urface. Use 6 Halliburton centralizers from 4,48 - 3,815. Plug down 5:50 AM, 12/22/96.

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

SIGNATURE Rory Edwards TITLE Production Supervisor DATE 12/30/96
TYPE OR PRINT NAME Rory Edwards TELEPHONE NO. (817) 716-5100

(This space for State Use)

Order Approved by
Paul Hertz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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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 ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input 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.

Spud well 12/14/96 with Ziadril Rig #7. Drill 17½" surface hole to 440'. Run 13 3/8" 48# H-40 casing and set at 440'. Cement with Halliburton using 390 sacks of class "c" cement w/2% CaCl mixed @ 14.8 ppg, yield 1.32 cuft/sack. Used 4 - 13 3/8" Halliburton how type centralizers from 440' - 173'. Plug down at 11:30 AM, 12/15/96.

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

SIGNATURE Rory Edwards TITLE Production Supervisor DATE 12/30/96
TYPE OR PRINT NAME Rory Edwards TELEPHONE NO. (817) 716-5100

(This space for State Use)

Only Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: