Submit 3 Copies to Appropriate	State of New Mexico Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89	
District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206		WELL API NO.	
DISTRICT II Santa Fe, New Mexico 87503 P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Le	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lea	
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:			7. Lease Name or Unit Agreement Name State 3	
OIL CAS WELL	OTHER	·····		
2. Name of Operator Cobra Oil &	Gas Corporation		8. Well No. 1	
3. Address of Operator P.O. Box 8206 Wichi	ta Falls, Texas 76307	9. Pool name or Wildcat South Crossroads-Devonian		
4. Well Location Unit Letter F : 2310	Feet From The North	Line and 1650	Feet From The	West Line
2	100	36F	NMPM	Lea County
Section 3	10. Elevation (Show whether	nge		
4021 GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
		REMEDIAL WORK		
	CHANGE PLANS X COMMENCE DRILLING OPNS. DPLUG AND ABANDONMENT			
PULL OR ALTER CASING		CASING TEST AND CE		
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.				
Drill 11" intermediate hole to ±4250 '. Set 8 5/8" 32# J-55 casing. Cement with ±1300 sacks premium plus cement.				
Drill 7 7/8" hole to $\pm 12,300$: Set $5\frac{1}{2}$ " 17# L-80 casing. Cement with ± 450 sacks of premium ement. Estimated top of cement $\pm 10,300$ '.				
*Change of hole size from 12_4 " to 11" and 8 3/4" to 7 7/8". Change intermediate casing size from 9 5/8" to 8 5/8".				
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE				
TYPE OR PRINT NAME			TELEPHONE NO.	
(This space for State Use)				
APPROVED BY	m	LE		DATE
CONDITIONS OF APPROVAL, IF ANY:				