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Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503		Form C-103 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240			WELL API NO. 30-025-33899	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		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	
1. Type of Well: OIL WELL X WELL AS	OTHER		State 16	
2. Name of Operator Cobra Oil & Gas Corpor	ration		8. Well Na. 1	
3. Address of Operator P.O. Box 8206 Wichita Falls, Texas 76307-8206		9. Pool name or Wildcat Wildcat - Devonian		
4. Well Location Unit LetterP :330 Feet From TheSouthLine and990 Feet From TheEastLine				
Section 16			NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3988 GR				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO: SUB		SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.		
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.

Spud well July 10, 1997 @ 3:45 PM with Patterson Drilling Company Rig #48. Drill 17½" surface hole to 398'. Run 13 3/8" 48# H-40 casing and set at 398'. Use 4 13 3/8" x 17½" Weatherford Bow Centralizers. Cement with 400 sacks of Class "C" with 2% CaCl², 14.8#/gal, 1.32 ft³/sack using BJ Services. Circulate 180 sacks of cement to surface. Plug down at 3:10 AM, July 11, 1997.

I hereby certify that the information above is true and complete to the best of my knowledge and signature	abelief. THE Production Supervisor	DATE JULY 14, 1997
TYPE OR PRINT NAME	TELEPHONE NO.	
(This space for State Use) GRUP CLEARS BY CHRIS WILLIAMS DISTRICT I SUPERVISOR		14- 6 T 1217
APPROVED BY	mle	DATE