Submit 3 Copies to Appropriate 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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-005-21105

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

6. State Oil & Gas Lease No. L5120

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: Tom State #36

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

2. Name of Operator: Petroleum Development Corporation

8. Well No. 5

3. Address of Operator: 9720-B Candelaria NE Albuquerque, NM 87112

9. Pool name or Wildcat: Tomahawk

4. Well Location
Unit Letter P : 660 Feet From The East Line and 660 Feet From The North Line

Section 36 Township 7S Range 31E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4430' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[X]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER: Prepare for horizontal drilling	[ ]			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.

1) Drill cement from 3750' to 3880'.

2) Kickoff at 3880' w/horizontal hole and 220' radii arc.

3) Drill 1800' ± lateral at a TVD 4100' to 4100' in a Northwest direction.

4) Maintain a distance of 100' from the lease line.

R-10274

REQUEST VERBAL APPROVAL

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

SIGNATURE J.C. Johnson TITLE President DATE 12/15/94

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: