Submit 3 Copies to Appropriate **District Office**

State of New Mexico **Energy, Minerals and Natural Kesources Department**

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 **DISTRICT II**

OIL CONSERVATION DIVISION

P.O. Box 2088

30-025-23626 5 In

WELL API NO.

dicate Type of Lease	<u>-</u>
STATE	FE ™

P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 6. State Oil & Gas Lease No. **DISTRICT III** 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) CARTER 1. Type of Well: OIL WELL X GAS WELL OTHER 8. Well No. 2. Name of Operator SAMEDAN OIL CORPORATION 1 3. Address of Operator 9. Pool name or Wildcat 10 DESTA DRIVE, SUITE 240 E. MIDLAND, TEXAS 79705 MORTON WOLFCAMP EAST 4. Well Location : 510 Feet From The SOUTH 1830 Feet From The EAST Line and Unit Letter 0 LEA 14-S 35-E **NMPM** County Range Section 33 Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.)

Cneck .	Appropriate Box to	indicate N	lature of Notice, Report, of O	uiei Dai	.4	
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABAND	ОИ	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS.		PLUG AND ABANDONMI	ENTX
PULL OR ALTER CASING			CASING TEST AND CEMENT JO	в		
OTHER			OTHER			

6/30/93 Set CIBP @ 10,350' - Spot 35' (5 sxs) on top.

Set CIBP @ 10,200 - spot 35' (5 sxs) on top. 7/1/93

Spot 25 sxs @ 8200' - 8100'

Spot 70 sxs @ 6000' - 5891' - tagged - pulled 5900' of 5 1/2" csg 7/7/93

Spot 65 sxs @ 4725' - 4595' - tagged. 7/8/93

7/12/93 Spot 45 sxs @ 638' - 515' - tagged - pulled 586' of 8 5/8" csg.

Spot 55 sxs @ 530' - 400' - tagged.

Spot 10 sxs @ 10' - surface.

Circulated with 9.5 mud.

Installed dry hole marker.

I hereby certify that the information above is true and complete to the best of my k	nowledge and belief.	
SIGNATURE Judy Heroneliery	TITLE DIVISION PRODUCTION CLERK	DATE
TYPE OR PRINT NAME JUDY THRONEBERRY	TELEPHONE NO.	915/684/8491
(This space for State Use)	OIL & GAS INSPECTOR	DATE FEE 5 9 191
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	_ TITLE	— DATE ————————————————————————————————————

^{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.