

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
APR 24 1981

Form O-103
Revised 10-1-78

OIL CONSERVATION DIVISION
SANTA FE

Indicate type of Lease: ☒ LEASE ☐ See ☐
State Oil & Gas Lease No. 30-025-27325

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-ENTER OR PLUG BACK TO A DIFFERENT RESERVOIR.
(SEE APPLICATION FOR PERMIT - FORM O-101 FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name East Hightower
2. Name of Operator Harper Oil Company	8. Farm or Lease Name Warfield-State
3. Address of Operator 904 Hightower Building, Oklahoma City, Oklahoma 73102	9. Well No. 1-Y
4. Location of Well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1880</u> FEET FROM THE <u>East</u> LINE, SECTION <u>31</u> TOWNSHIP <u>12S</u> RANGE <u>34E</u> R.M.P.M.	10. Field and Pool, or Wildcat East Hightower Lower Penn
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☒ OTHER ☐

17. 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.

- Spudded at 5:30 P.M. 3-27-81.
- Drilled 17½" hole to 362'. Dev: ¼° at 150', ¾° at 356'.
- Ran 9 jts. 13 3/8" 48# ST&C casing. Set at 362' KB and cemented with 400 sacks Class C with 2% CaCl. PD at 10:15 P.M. 3-28-81.
- WOC 24 hrs. Tested casing to 1600# for 1 hr., held okay.

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

SIGNED

TITLE Production Manager

DATE 4-13-81

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: