

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-103
Revised 10-1-78

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
K-3657

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Cabot Petroleum Corporation	8. Farm or Lease Name New Mexico "T" State
3. Address of Operator P. O. Box 5001, Pampa, Texas 79065	9. Well No. 3
4. Location of Well UNIT LETTER D, 660 FEET FROM THE North LINE AND 520 FEET FROM THE West LINE, SECTION 4 TOWNSHIP 14S RANGE 33E NMPM.	10. Field and Pool, or Wildcat Baum (Upper Penn)
15. Elevation (Show whether DF, RT, GR, etc.) 4241' GR	12. County Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATIONS <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

1. Spudded well at 8:45 am MST 2/1/83. Moranco Drilling is the drilling contractor.
2. Ran 13 3/8" 48# H-40 casing to 430', cemented with 420 sxs Class C cement. Plug down at 6:10 pm MST 2/1/83. Cement circulated to surface.
3. After WOC 12 hours, tested with 800 psi for 30 minutes. Tested o.k.

Min WOC 12 HRS

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

SIGNED Evelyn Jarman TITLE Agent DATE 4/4/83ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISORAPPROVED BY _____ TITLE _____ DATE MAR 7 1983
April 7, 1983

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
APR 6 1983
O.C.D.
HOLDS OFFICE