

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

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
K-3846	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Cabot Petroleum Corporation		8. Farm or Lease Name New Mexico 'U' State
3. Address of Operator P. O. Box 5001, Pampa, TX 79065		9. Well No. 2
4. Location of Well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>4</u> TOWNSHIP <u>14S</u> RANGE <u>33E</u> NMPM.		10. Field and Pool, or Wildcat Baum Upper Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4237' 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 checked="" 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 OPNS. <input 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 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.

On or about October 9, 1984 we plan to perforate the Upper Penn formation from 9747'-9787' and acidize with 3050 gallons MOD 202 and return the well to production.

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

SIGNED <u>Evelyn Farmer</u>	TITLE <u>Agent</u>	DATE <u>10/4/84</u>
ORIGINAL SIGNED BY FIELD OFFICE		
APPROVED BY <u>DISTRICT 1 SUPERVISOR</u>	TITLE _____	DATE <u>OCT - 9 1984</u>
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

OCT - 5 1984

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION