Submit 3 Copies to Appropriate District Office

State of New Mexico Enc., y, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

Revised 1-1-89

P.O. BOX 1980, HOODS, NM 88240	P.O. Box 20	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-025-30853 5. Indicate Type of Lease	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210					
DISTRICT III 1000 Rio Brezos Rd., Aziac, 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"				STATE X FEE L	
			6. State Oil & Gas Lease 6231	: No.	
			7. Lease Name or Unit Agreement Name		
(FORI	(C-101) FOR SUCH PROPOSALS.)				
1. Type of Well: OIL GAS WELL X WELL	ADE CE WELL CAS ELL X WELL OTHER		Red Dog		
2. Name of Operator			8. Well No.		
Tahoe Energy, Inc. 3. Address of Operator			1 9. Pool name or Wildcat		
3909 W. Industrial, Midland, Texas 79703			Saunders Permo Upper Penn		
4. Well Location	1650 Courth	1000			
Unit Letter :	1650 Feet From The South	Line and 1900	Feet From The _	Last Line	
Section 2	Township 14-S R	ange 33-E	NMPM Lea	County	
	10. Elevation (Show whether 4190' GR	-			
11. Chec	k Appropriate Box to Indicate		eport, or Other Date		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTE	RING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	\equiv	AND ABANDONMENT	
				AND ABANDONMENT	
				_	
OTHER:		<u> </u>			
 Describe Proposed or Completed Opwork) SEE RULE 1103. 	perations (Ciscrity state all profiters devaile, w	ed give pasinau dates, broks	ling estimated date of starti	ag any proposed	
1.) Spudded 17½ ho	le @ 9:30 a.m. 5/11/90				
2.) Drilled to 361' Texas Pattern S	, set 13-3/8" 48# STC ne hoe.	w casing @ 359.7	5' w/5 centrali	zers and	
3.) Western Company	cemented w/380 sx. of C	lass "C" cement	+ 2% CaCl.		
4.) Circulated 75 s	x. of cement to surface.	•			
5.) W. O. C. 18 hrs	•				
·	.) Nipple up & test BOP to 3,000# - held O.K.				
• •	bit for intermediate ho				
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I hereby certify that the information above is	true and complete to the best of my knowledge and				
SKINATURE K. A. Freeman	en and m	President	D/	лтв <u>5/14/90</u>	
TYPE OR PRINT NAME			те	LEPHONE NO.	
(This space for State Use)					
ORIGIA	AL SIGNED BY JERRY SEXTON			MAY 2 1 1990	
APPROVED BY	DISTRICT I SUPERVISOR THE	ч	DA	DEGI T & ILLIA	