Submit 3 Copies to Appropriate District Office

State of New Mexico

Form C-103 Revised 1-1-89

ierais and Natural Resources Department Energy,

D/1 DAY 109/1 11-LL - NW 009//	PO Per 1000 Hall And conto		
P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		30-025-33822	
		5. Indicate Type of Lease STATE FEE	
		6. State Oil & Gas Lease No.	
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.)		7. Lesse Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL X OTHER		Nicholas 31	
2. Name of Operator		8. Well No.	
Rand Paulson Oil Company, Inc. 3. Address of Operator		9. Pool name or Wildcat W	
508 W. Wall, Ste. 100 Midland, TX. 79701		Wildcat Permo Penn	
Unit Letter H : 2090 Feet From The North Line and 660 Feet From The East Line			
Section 31 Township 14S	Range 35E	NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:	à contra de la contra del la contra del la contra del la contra de la contra del la contra de la contra del la	SUBSEQUENT REPORT OF:	
FORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING CASING TEST AND CEMENT JOB		MENT JOB	
THER: Complete Well	OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent deswork) SEE RULE 1103.	ails, and give pertinent dates, includ	ling estimated date of starting any proposed	
Surface Location: 2090' FNL 660' FEL.			
Bottom Hole Location: 2096' FSL Intend to test zones separate 11,172'. If lower zone is and cap w/cement before pro is non-commercial, will P&A	ly @ 12,211'-12, non-commercial, ceeding to upper	236' and 11,152'- will set CIBP zone. If well	
I hereby certify that the information above is true and complete to the best of my knowled Signature O. H. Routh	lge and belief. Agent	DATE 8-4-97 915- 687-0323 TELEPHONE NO.	
(This space for State Use) ORIGINAL S'ONED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR		M £31 () 0 1998	
APPROVED BY	- πιε	DATE	

CONDITIONS OF APPROVAL, IF ANY: