Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-33922

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. Lease Name or Unit Agreement Name: Estacado 27 St.

1. Type of Well: OIL WELL [ ] GAS WELL [✓] OTHER

2. Name of Operator: RANO ENERGY (RAND PAULSON OIL CO.)

8. Well No. 2

3. Address of Operator: 720 E. Park Blvd Ste 102 Plano Tex 75074

9. Pool name or Wildcat: WILDCAT

4. Well Location
Unit Letter G : 2040 Feet From The NORTH Line and 2040 Feet From The EAST Line
Section 27 Township 14.5 Range 34-E 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:				SUBSEQUENT REPORT OF:			
PERFORM 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	[ ]		
OTHER:	[ ]			OTHER:	[ ]		

12. 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. MIRU 12-8-98

1) 12-8 Spot 25SX 10,316 WOC TAG TOC 12-9-98 10,050'
2) 12-9 25SX 7400' 3) Cut & Pull 5½ 6200' 4) 60SX 6250' 12-11 WOC TAG TOC 12-14 5950'
5) 12-14 35SX 2950' - 35SX 1900' 35SX 453' Visual Confirmation & Cemented to Surf.
6) 12-15 cut off Head on Surf Pipe Install 10SX Surf Plug and Dry Hole MARKER RDMO

9.5 Mud between all Plugs

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

SIGNATURE W L Holmes TITLE Oper MANAGER DATE 12-16-98

TYPE OR PRINT NAME W L Holmes TELEPHONE NO. 915 550-0036

(This space for State Use)

APPROVED BY Billy Prichard TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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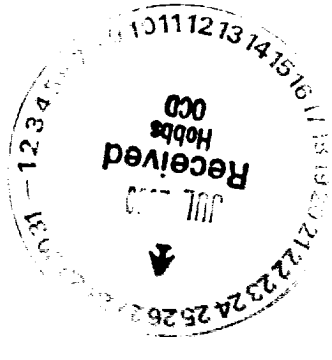
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Hobbs
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