

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-34002
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	VA 996
7. Lease Name or Unit Agreement Name	ESTACADO 14 STATE
8. Well No.	1
9. Pool name or Wildcat	WILDCAT
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4097' GR

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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator RAND PAULSON OIL COMPANY, INC.
3. Address of Operator 500 W. WALL, STE 100 MIDLAND, TX 79701	4. Well Location Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 14 Township 14-S Range 34-E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4097' GR	

11. 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"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: TD WELL. RAN 5 1/2" CSG - CEMENTED <input checked="" type="checkbox"/>	

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.

7-12-97 DRILLED 7 7/8" HOLE TO 12,593'. RAN PLATFORM EXPRESS SUITE OF LOGS. RAN 5 1/2" 17 LBS S-95 & N-80 CASING. CEMENTED W/ 1108 SK H: POZ 50/50 W/ ADDITIVES. SET SLIPS. CUT OFF CASING. RELEASE RIG. WAIT ON COMPLETION UNIT.

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

SIGNATURE	TITLE	DATE
O.H. Routh	AGENT	7-15-97
TYPE OR PRINT NAME		TELEPHONE NO.
O.H. ROUTH		915 687-0323

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: