| STATE OF NEW MEXICO | | | |
|---|---|--|--|
| ENERGY AND MINERALS DEPARTMEN | OIL CON | ISERVATION DIVISION P. O. BOX 2088 FE, NEW MEXICO 87501 | J Form C-103 Revised 10-1-78 Sa. Indicate Type of Lease |
| U.S.O.S. LAND OFFICE OPERATOR | | | State Fee XX 5. State Oil & Gas Lease No. |
| SUNDR | Y NOTICES AND REP | PORTS ON WELLS | |
| I. OIL GAB WELL XX | * OTHER- | | 7. Unit Agreement Name |
| 2. Name of Operator MARSHALL PI | 8. Form or Lease Name SPEIGHT | | |
| 3. Address of Operator 13423 Fores | tway Dr., Dal | las, Texas 75240 | 9. Well No. #1 |
| 1. Location of Well I | 1400 | South 1280 | 10. Field and Pool, or Widcat Wildcat |
| THE East LINE, SECTION | 22 Townsh | T2S R29E | нырм. |
| | 15. Elevation (5 4388 | Show whether DF, RT, GR, etc.) GL | 12. County Roosevelt |
| 16. Check A NOTICE OF IN | | Indicate Nature of Notice, Re su | port or Other Data BSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND A | COMMENCE DRILLING OPH | |
| | | 0THER | |
| 0THER | erations (Clearly state all | pertinent details, and give pertinent da | tes, including estimated date of starting any proposed |
| work) SEE RULE 1903. | October 14th, 1987: Started Drilling at 11:40 A.M. Drilled 340' 17-1/2" hole. Set 320' 13-3/8" 48# Seamless Casing. Cemented with 300 sacks Class "C" Cement, 2% CaCl. Ran 2 centralizers. Cement circulated to surface. | | |
| Octob | er 18th, 1987: | Drilled 11" hole to 2181'. Set 2180' of 8-5/8" 24# Range 3, ERW Casing. Cemented with 200 sacks Class "C" Cement, 2% CaC1, and 600 sacks light cement, 1/4# flowseal per sack. Ran 4 centralizers. Cement circulated to surface. Plug down at 6:20 P.M. October 18th, 1987. | |
| · Octob | er 20th, 1987 | : Tested blowout pro minutes, OKAY, dr | eventer 1000# for 30 illing ahead. |
| 18. I hereby certify that the information | sbove is true and complete | e to the best of my knowledge and belie | 1. |
| NICHED ANTANA | 1.0 | llOperator | DATE 10-20-87 |
| ORIGINAL SIGNED B | Y JERRY SEXTON PERVISOR | TITLE | DATE 37 3 8 1987 |
| CONDITIONS OF APPROVAL, IF ANY | | | • • • • • • • • • |

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