Submit 3 Copies to Appropriate

State of New Mexico

Form C-103 Revised 1-1-89

Energy, 1 crals and Natural Resources Department

District Office			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-041-20869
DISTRICT II P.O. Drawer DD, Artesia, NM 8821	Santa Fe, New Mea	xico 87504-2088	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87	410		6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOI DIFFERENT F	NOTICES AND REPORTS ON R PROPOSALS TO DRILL OR TO DEI RESERVOIR. USE "APPLICATION FO RM C-101) FOR SUCH PROPOSALS.	EPEN OR PLUG BACK TO A IR PERMIT	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL GAS	OTHER	Dry Hole	Parks Unit
2. Name of Operator Murphy H. Bax			8. Well No.
3. Address of Operator P O Box 2040,		702	9. Pool name or Wildcat Wildcat
4. Well Location Unit Letter C ::	660 Feet From The Nor	th Line and 1980	Feet From The West Line
	eck Appropriate Box to Indic	heiher DF, RKB, RT, GR, etc.) GR cate Nature of Notice, R	nmpm Roosevelt County eport, or Other Data SSEQUENT REPORT OF:
	FINTENTION TO: PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB X
OTHER:		OTHER:	
12. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertinent det	ails, and give pertinent dates, incli	iding estimated date of starting any proposed
Hal Cir	RIH w/ 10 jts 13 3/8" csg to 397' w/ 5 centralizers. RU Halliburton. Cmt w/ 425 sxs Class C + 2% Cacl & 1/4 pps flocele Circ 190 sxs.		
3,5	RIH w/ 83 jts 8 3/8" 32# J-55 csg w/ 8 centralizers to 3,502.00' RU Halliburton. Cmt w/ 300 sxs Class C cmt + 2% Cacl + 4% gel. Tail in w/ 200 sxs Class C w/ 2% Cacl.		
5-8-93 RIH bot 6 p	RIH w/ 8,198.53' 5 1/2" 17# csg w/ formation pkr shoe on bottom. Ran 10 centralizers. Pump 300 sxs halad lite w/ 6 pps. Packer shoe did not hold. Cmt went downhole. Perf @ 8,125-26'. Cmt w/ 100 sxs class C w/ 2% Cacl.		
I hereby certify that the information abo	ve is true and complete to the best of my knowle	Engineer	DATE 6-15-93
SIGNATURE Chu	ck Sledge	TILE	4-6307 TELEPHONE NO.
TYPE OR PRINT NAME CITU			

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR APPROVED BY-

_ TITLE _

"JUN 2 2 1993

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JUN 81 1993

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