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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
NM-1364

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator Southern Union Exploration Company	8. Farm or Lease Name Kathy Folk
3. Address of Operator 1217 Main Street, Suite 400, Dallas, TX 75202	9. Well No. 2
4. Location of Well UNIT LETTER <u>A</u> <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>16S</u> RANGE <u>35E</u> NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4004.9' GR	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER _____

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER Core & DST

ALTERING CASING

PLUG AND ABANDONMENT

17. 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.

Cut core from 10,845-10,878' in the Wolfcamp formation. POH with Core & RIH & conditioned for DST. Ran DST from 10,832-10,883'. IF 6 min., ISI 60 min., FF 45 min., FSI 180 min. No pressures at surface. BHP was as follows: IF 65 psi, ISI 101 psi, FF 65 psi, FSI 83 psi, IH 5045 psi, FH 5045 psi. Recovered 40' drilling mud.

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

SIGNED David W. Stevens David Stevens TITLE Drilling & Production Engineer DATE 10/8/84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 11 1984

CONDITIONS OF APPROVAL, IF ANY: