

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Encl: 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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025- 2992 29922
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. FEE
7. Lease Name or Unit Agreement Name SHIPP "34"
8. Well No. 4
9. Pool name or Wildcat <i>Casey Strawn</i> WEDCAK (SAN ANDRES)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3372

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator GAINCO, INC.
3. Address of Operator P.O. BOX 581 CORPUS CHRISTI TX 78403	4. Well Location Unit Letter <u>N</u> : <u>1980</u> Feet From The <u>WEST</u> Line and <u>660</u> Feet From The <u>SOUTH</u> Line Section <u>34</u> Township <u>16S</u> Range <u>37E</u> NMPM <u>LEA</u> County

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input 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.

1--CIRC HOLE WITH 9.5# MUD LAIDEN FLUID. 5-1/2 CIBP AT 5000 FT. CAP WITH 35 FT CLASS "C"
CMT. TOP @4965 FT ON 4-6-93
2--25 SX CLASS "C" CMT @4330 TO 4109 FT ON 4-7-93
CUT CSG @1472 FT COULD NOT PULL. CMT TO SURF. ON 4-7-93
3--25 SX CLASS "C" CMT @1524 FT TO 1303 FT ON 4-8-93
4--25 SX CLASS "C" CMT @560 FT TO 339 FT. ON 4-8-93
5--5 SX CLASS "C" CMT @30 FT TO SURF. ON 4-8-93
CUT WELL HEAD. WELD ON PLATE & MARKER

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

SIGNATURE Angelia K. Ireland TITLE PAYROLL CLERK DATE 4-8-93
TYPE OR PRINT NAME Angelia K. Ireland TELEPHONE NO. (915) 362-4322

(This space for State Use)

APPROVED BY Harry W. Wink TITLE OIL & GAS INSPECTOR DATE JAN 03 1994
CONDITIONS OF APPROVAL IF ANY: