

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, 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.	30-025-30547
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-944
7. Lease Name or Unit Agreement Name	KEMNITZ STATE
8. Well No.	1
9. Pool name or Wildcat	KEMNITZ WILDCAT
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4147.5 G.R.

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 HONDO OIL & GAS COMPANY
3. Address of Operator P.O. BOX 2208 ROSWELL NM 88202	4. Well Location Unit Letter #G : 2310 Feet From The NORTH Line and 2310 Feet From The WEST <del>WEST</del> EAST Line Section 19 Township 16S Range 34E NMPM LEA 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.

CIRC. HOLE w/10# BRINE w/25# SALT GEL/BBL  
RIH w/WIRELINE SET CIBP @3860 CAP w/35' CMT.  
RIH w/2-7/8 TBG TO 1700' (TOP OF SALT) MIX & PUMP 35 SX CMT PLUG.  
SET 10 SX SURF PLUG  
CUT OFF WELL HEAD INSTALL DRY HOLE MARKER.

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

SIGNATURE Charlie A. Spann TITLE SUPERVISOR DATE 5-5-90  
TYPE OR PRINT NAME CHARLIE A. SPANN TELEPHONE NO. 915-3624324

(This space for State Use)

APPROVED BY Jack Griffin TITLE OIL & GAS INSPECTOR DATE MAY 30 1990

CONDITIONS OF APPROVAL, IF ANY:

MAY 30 1990