

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.	30-025-31226
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	

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"/>
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2. Name of Operator	Columbia Gas Development Corporation
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3. Address of Operator	P. O. Box 1350, Houston, TX 77251-1351
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4. Well Location	Unit: Letter <u>C</u> : <u>400</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line
	Section <u>34</u> Township <u>14S</u> Range <u>38E</u> NMPM <u>Lea</u> County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3760 Ground
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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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	
OTHER: <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.

To complete reporting on cementing and testing of 5-1/2" casing reported on 3/2/92 (copy attached):

3/19/92: Tested casing to 2000 psi for 2 hours - test okay.

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

SIGNATURE Wendy G. DesOrmeaux TITLE Regulatory Coordinator DATE 4/29/92

TYPE OR PRINT NAME Wendy G. DesOrmeaux TELEPHONE NO. 713/871-3482

(This space for State Use)

APPROVED BY Paul Kautz Geologist TITLE _____ DATE MAY 05 '92

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-31226
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	

7. Lease Name or Unit Agreement Name	McMillan "34"
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8. Well No.	1
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9. Pool name or Wildcat	Wildcat
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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"/>
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2. Name of Operator	Columbia Gas Development Corporation
---------------------	--------------------------------------

3. Address of Operator	P.O. Box 1350, Houston, TX 77251-1350
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4. Well Location	Unit Lease C : 400' Feet From The North Line and 1980 Feet From The West Line								
Section	34	Township	14S	Range	38E	NMPM	Lea	County	

10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3760 Ground
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
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TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <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.

2/15/91 - Set 219 jts. 5-1/2", 17#, L-80 csg from 11,899'-3,218' and 80 jts. 5-1/2", 20#, L-80 csg from 3,218' to surface. Cemented with 900 sks. 50-50 Poz:H. WOC 24+ hours. (Drilling rig moved off location. Will test csg when completion rig moved on. Will report at that time.)

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Wendy G. DesOrmeaux TITLE Regulatory Coordinator DATE 3/2/92
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)
APPROVED BY Paul Kautz TITLE Geologist DATE MAR 05 92
CONDITIONS OF APPROVAL, IF ANY: