Submit 3 Copies to Appropriate District Office

CONDITIONS OF AFFROVAL, IF ANY:

Energy

State of New Mexico inerals and Natural Resources Department

Form C-103

DISTRICT I

OIL CONSERVATION DIVISION

Revised 1-1-89

P.O. Box 2088	WELL API NO. 30-025 - 34142
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. A - 847
SUNDRY NOTICES AND REPORTS ON WELLS	VA-84'
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU- DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	G BACK TO A 7. Lease Name or Unit Agreement Name
1. Type of Well: Oil GAS WELL X WELL CTHER	STATE 23
2 Name of Operator RAND PAULSON OIL COMPANY,	NC. 8. Well No.
3. Address of Operator 508 W. WALL, STE IOU MIDLAND, TX	79701 9. Pool name or Wildcat PENN
Unit Letter N : 330 Feet From The SOUTH Line and 760 Feet From The WEST Line	
Section 23 Township 15-5 Range 36-E NMPM LEA County	
10. Elevation (Show whether DF, RKB, 387	RT, GR, etc.)
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMED	DIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND CEMENT JOB	
OTHER: OTHER	<u> </u>
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. SPUD WELL Q 8:30 AM 10-3-97. DIZILLED 450' OF 171/2" HOLE. RAN 133/8" 48 LBS H-40 STC CASING TO TD. CEMENTED W/450 SX. CEMENT CAME TO SURFACE. CEMENTED TOP W/READY MIX CEMENT. WOC. INSTALL & TEST WELL HEAD & BOP. DIZILLED 11" HOLE TO 5015'. RAN 85/8" 32 LBS J-55 & MS 80 CASING TO TD. CEMENTED W/2150 SX. CIRC 341 SX TO SURFACE. WOC. INSTALL WELL HEAD & BOP. TESTED HEAD, BOP & CASING OK. DIZILL 77/8" HOLE @ 8817' 10-20-97.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE	AGENT 10-21-97
TYPE OR PRINT NAME O. H. ROUTH	915 TELEPHONE NO. 687-0323
(This space for State Use) CRIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR AS	4NV _ 3 1997
APPROVED BY TITLE	DATE