

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

DISTRICT II  
P.O. Drawing 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. <u>30-025-03969</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E - 7843
7. Lease Name or Unit Agreement Name Lea "EA" State <u>NCT-A</u>
8. Well No. <u>1</u>
9. Pool name or Wildcat Arkansas Junction Queen
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator Gary Bennett
3. Address of Operator P.O. Box 16844
4. Well Location Unit Letter <u>D</u> : <u>600</u> Feet From The <u>N</u> Line and <u>600</u> Feet From The <u>W</u> Line Section <u>13</u> Township <u>18S</u> Range <u>36E</u> 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.

7-13-93 - Squeeze 70sxs - 4100' - 1500' tag

7-14-93 - Spet 75sxs @ 380 - surface  
Pulled 380' of 2 7/8 tubing

Install dry hole marker

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

SIGNATURE Gary L. Bennett TITLE Operator DATE 8-11-93

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY Gary L. Bennett TITLE OIL & GAS INSPECTOR DATE SEP 07 1993

CONDITIONS OF APPROVAL, IF ANY: