State of New Mexico En v, Minerals and Natural Resources Departme

DISTRICT I

OIL CONSERVATION DIVISI	ON	
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P.O. Box 1980, Hobbs, NM 88240	310 Old Santa Fo Santa Fe, Nev	Trail, Room 206 Mexico 87503 WELL API NO. 3 D - 025 - 0748 7 5. Indicate Type of Lease				
			FED STATE 6. State Oil & Gas Lease No.	FEE X		
			6. State Oil & Gas Lease No.			
1	OTICES AND REPORTS ON WI					
(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.)		NOR PLUG BACK TO A ERMIT"	7. Lease Name or Unit Agreement Name NORTH HCBBS (G/SA) UNIT			
1. Type of Well: Oil Well		TD BUTTON				
	RA ENERGY LTD.	TR INJECTOR	8. Well No. 30-141	······································		
3. Address of Operator 1017 V	V STANOLIND RD.		9. Pool name or Wildcat			
			HOBBS (G/SA)			
4. Well Location						
Unit Letter M : 990	Feet From The SOUTH	Line and 990 Feet	t From The WEST L	Line		
Section 30	Township 18S	Range 37E	NMPM	LEA County		
	10. Elevation (Show whether DF, R. 3663' DF	KB, RT GR, etc.)				
11. Che	eck Appropriate Box to Indicate N					
NOTICE OF IN			SEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CA	ASING		
TEMPORARILY ABANDON X	CHANGE PLANS	COMMENCE DRILLING OP	<u> </u>	NDONMENT		
PULL OR ALTER CASING		CASING TEST AND CEMEN	T JOB			
OTHER:		OTHER:				
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.						
POH W/PROD EQUIPMENT GUIBERSON UNI VI @3905', 2-7/8" TBG, XL/OFF TOOL						
RIH W/5.5" CSG SCRAPER TO 4000". SET 5.5" CIBP @3950". TOP PERF 4006						
TEST CSG FOR TO 500# FOR 30 MIN AND CHART FOR THE NMOCD. CIRC CSG WITH INHIBITED FLUID.						
POH WITH TBG. RDPU.						
* NOTIFY THE NMOCD 24HR BEFORE CSG TEST.						
I hereby certify that the information above i	s true and complete to the best of my know	ledge and belief.				
SIGNATURE Robert	Filbert	TITLE LIFT SPECIALI	ST DATE	01/21/98		
TYPE OR PRINT NAME R.N. GILB	ERT		TELEPHONE NO.	505/397-8206		
(This space for State Use)	LEAMS					
APPROVED BY	TITLE		DATE			
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