

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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IL CONSERVATION DIVISIO.
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-70

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 - II" (FORM C-101) FOR SUCH PROPOSALS.)

1. Indicate Type of Lease State <input type="checkbox"/> Fee <input type="checkbox"/>	
2. State Oil & Gas Lease No.	
3. Unit Agreement Name	
4. Farm or Lease Name St. W.M. "E. "	
5. Well No. 2	
6. Field and Pool, or Wildcat Goodwin	
7. Elevation (Show whether DF, RT, GR, etc.) 3,749 DF	
8. County Lea	

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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> Perforate Additional Zones <input type="checkbox"/>

9. 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.

1-8-83 Rig up Schlumberger perforating truck, run collar log and perforate 4 shots per foot at following depths. 184 total perfs.

6584-88	5964-66	5223-32
6556-59	5453-56	5148-52
6544-46	5422-26	5078-82
6536-40	5296-98	5010-14
6378-82	5270-72	

Set packer at 4991 and loaded backside with 10 # packer fluid.
Tested packer to 3000 #'s

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

SIGNED [Signature] TITLE Manager DATE 11-12-83

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

PROVED BY _____ TITLE _____ DATE NOV 17 1983

CONDITIONS OF APPROVAL, IF ANY: