

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LG-1869

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Rex Alcorn	8. Farm or Lease Name Bobbi
3. Address of Operator Ingram Building, 100 So. Kentucky, Roswell, New Mexico 88201	9. Well No. 4
4. Location of Well UNIT LETTER L FEET FROM THE South LINE AND 990 FEET FROM THE West LINE, SECTION 20 TOWNSHIP 18S RANGE 36E N.M.P.M.	10. Field and Pool, or Wildcat West Arkansas Junction
15. Elevation (Show whether DF, RT, GR, etc.) 3838' GL 3849' KB	12. 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"/>	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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

Ran 43 joints (1886') 8 5/8", 24#, 8 rnd, ST&C casing with guide shoe, insert float valve with automatic fill-up, and 3 centralizers. Halliburton cemented with 700 sx Cl C with 6% gel plus 225sx Cl C with 2% CaCl. Circulated 150 sx to surface.

WOC 18 hours, tested casing with 1000# for 45 minutes, no loss in pressure.

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

SIGNED Rex Alcorn TITLE Operator DATE Oct. 20, 1981

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 3 1981