NO. OF COMIES ACCEIVED	1	
אסודטמיאדמם		1
SANTA FE		
FILE		
U.S.O.S.	Ī	
LAND OFFICE		

C . CONSERVATION DIVISION

P. O. BOX 2088 SANTA FE NEW MEXICO 87501	Revised 10-1-78
SANTA FE, NEW MEXICO 87501	5a. Indicate Type of Lease
U.S.O.S.	State X Fee
LAND OFFICE	5. State Oil & Gas Lease No.
OPERATOR	V-1374
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.)	7. Unit Agreement Name
OIL X GAS OTHER-	
Name of Operator	8. Farm or Lease Name Golden State
Cavalcade Oil Corporation	9. Weil No.
P.O. Box 16187, Lubbock, TX 79490	1
4, Location of Well	10. Fleid and Pool, or Wildcat (San
UNIT LETTER N 660 FEET FROM THE SOUTH LINE AND 1980 FEE	Arkansas Jct. Andres)
THE West LINE, SECTION 12 TOWNSHIP 185 RANGE 36E	NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3796 RKB	Lea
Check Appropriate Box To Indicate Nature of Notice, Report	or Other Data
NOTICE OF INTENTION TO: SUBSEQ	UENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING PLUG AND ABANDONMENT
TEMPORARILY ABANDON COMMENCE DRILLING OPNS.	,
OTHER	
OTHER	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inc	luding estimated date of starting any proposed
wprk) SEE RULE 1103.	
3/12/85 Set 1350' of 8 $5/8$ " - 24# casing. circulated 136 sx ceme	
used - 475 sx. Pacesetter "Lite" w/¼#/sx cello-seal and	
200 sx. Class "C" + 3#/sx. salt. Float he-d 800# for 15	minutes.
3/21/85 Set 5227' of $4\frac{1}{2}$ " - 10.5# casing. Total cement used as fo "lite" $w/\frac{1}{4}$ /sx. cello-seal + 3#/sx. salt, followed by 27	
salt. Float held 1500# for 15 minutes.	
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18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
Michael G. Mooney	
Muchael & 1/2 engles Title Manager of Drilling & P	roducti on: 4/8/85
	4 0 4008
ORIGINAL SIGNED BY JERRY SEXTON	APR 1 0 1985

RECEIVED

APR -9 1985

O.C.D. HØBBS OFFI**GE**