

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

DISTRICT II
P.O. Drawer 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>32</u> <u>35-025-32260</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V3349

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. Lease Name or Unit Agreement Name State "36"	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	8. Well No. 4		
2. Name of Operator Olsen Energy, Inc.	9. Pool name or Wildcat Vacuum Grayburg/SA		
3. Address of Operator 16414 San Pedro, Suite 470, San Antonio, TX 78232			
4. Well Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>36</u> Township <u>17-S</u> Range <u>33-E</u> NMPM <u>Lea</u> County <u></u>			
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4900			

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"/>	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 checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <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.

Spud at 11:15 PM on 10-19-93. Drill to 1510'. Set 8-5/8" 24# casing at 1508'. Cement with 500 sacks Halliburton Lite w/3% salt followed by 200 sacks of Premium w/2% CaCl₂. Plug down at 2:15 AM 10-22-93. WOC and repair rig 28 hours. Test casing to 600 psi. OK.

Note: Cement circulated to surface.

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

SIGNATURE Dick Morton TITLE Drilling/Production Mgr DATE 11-3-93

TYPE OR PRINT NAME Dick Morton

TELEPHONE NO. 210/496-2466

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOV 10 1993

RECEIVED

NOV 09 1993

OFFICE OF THE ATTORNEY GENERAL
STATE OF NEW YORK

OFFICE