

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. 30-025-32824
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Carter (San Andres) Unit
8. Well No. 104
9. Pool name or Wildcat S.Carter (S/A)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3645 GR

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Great Western Drilling Company
3. Address of Operator P.O. BOX 1659	4. Well Location Unit Letter <u>N</u> : <u>550</u> Feet From The <u>South</u> Line and <u>1625</u> Feet From The <u>West</u> Line Section <u>5</u> Township <u>18S</u> Range <u>39E</u> NMPM <u>Lea</u> County <u></u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3645 GR	

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"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <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.	

3/21/95 Spud Well

3/22/95 Ran 8 5/8" csg J-55 ST&C 24#, total 516.16', set @ 500' KBM..
RU Halliburton & cemented w/200 sx Prem Plus w/2% CaCl₂, 1/4#/84
Flocele mixed @ 14.8# gal yield 1.32 ft 3/84 sx.
W.O.C. 16 hrs.

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

SIGNATURE [Signature] TITLE Production Tech DATE June 14, 1995
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUN 23 1995
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JUL 17 1963
OFFICE