State of New Mexico Enancy, Minerals and Natural Resources Department

Form C-103

OIL CONSERVATION DIVISION

Revised	1-1-89	

P.O. Eox 1980, Hobbs, NM 88240 P.O. Box 2088	WELL API NO. 30-025-33968
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5 Indicate Type of Lease
DISTRICT III	STATE FEE STATE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL OTHER	CARTER
2. Name of Operator RAND PAULSON OIL COMPANY, INC.	8. Well No.
3. Address of Operator 508 W. WALL, STE 100 MIDLAND, TX. 7970	9. Pool name or Wildcat CARTER SAN ANDRES, SOUTH
4. Well Location Unit Letter 42: 990 Feet From The NORTH Line and	
Section 5 Township 18-S Range 39-1	E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, 3636' GF	etc.)
11. Check Appropriate Box to Indicate Nature of Not	tice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO	ORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE D	DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST	AND CEMENT JOB
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent da work) SEE RULE 1103.	
10-8-97 SET 35 SX GLASS H CMT TO FILL OH (1)	43'- 434"AND INTO 51/2" CASING.
CUT 5%"CASINGO 9500' PULL CASING	117 INTO 8% CASING @ 4805.
I HOA. SET CEMENT PLUGS: 25 SX PLUGS (@ 9200', 7200', 6200' AND 765X
· · · · · · · · · · · · · · · · · · ·	
54" CASING W/502 SX CEMENT. WOC. TO	oc 3250. Perf 5058-5066
11)/32 HOLFS. ACIDIZED W/1000 6ALS IS	The Hel. Swassed well and
RECOVERED 93.5 BBL WATER-TRACE OF	OIL.
PREP TO PAA WELL. NOTIFIED PAU	L @ NMOCD HOBBS FOR PROCEDURE
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	ENT 10-23-97
SIGNATURE	915
TYPEOR PRINT NAME O.H. ROUTH	TELEPHONE NO. 687-0323
(This space for State Use) ORIGINAL GIGNED BY CHRIS WILLIAMS DISTING I SUPERVISOR	
	DATE
APPROVED BY ITILE TILE CONDITIONS OF APPROVAL, IF ANY:	