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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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 TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SWD		7. Unit Agreement Name
2. Name of Operator Hamon Operating Company		8. Farm or Lease Name Holloway
3. Address of Operator 3525 Andrews Highway, Suite 105-A, Midland, Texas 79703-5048		9. Well No. 1 SWD
4. Location of Well UNIT LETTER <u>B</u> , 660 FEET FROM THE <u>North</u> LINE AND 1980 FEET FROM THE <u>East</u> LINE, SECTION <u>13</u> TOWNSHIP <u>17-S</u> RANGE <u>38-E</u> NMPM.		10. Field and Pool, or Wildcat S. Knowles Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 3696.5' GL - 3708.5' 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 checked="" 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 JOB <input 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.

Have communication between tubing and casing.

1. Pull tubing and packer.
2. Change out packer.
3. Test tubing.
4. Set packer.
5. NMOCC will be notified in time to witness packer test.

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

SIGNED B.W. Cozart (B.W. Cozart) TITLE District Operations Supt. DATE 5-23-86

ORIGINAL SIGNED BY JERRY DEXTON

APPROVED BY DISTRICT SUPERVISOR TITLE DATE MAY 27 1986

CONDITIONS OF APPROVAL, IF ANY: