

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. 30-025-28243
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
6. State Oil & Gas Lease No. E 8712
7. Lease Name or Unit Agreement Name CASA STATE
8. Well No. #3
9. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES

<p>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.)</p>	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator RAY WESTALL OPERATING	
3. Address of Operator P.O. BOX 4, LOCO HILLS, N.M. 88255 (505) 677-2370	
4. Well Location Unit Letter J : 1815 Feet From The SOUTH Line and 2310 Feet From The EAST Section 28 Township 17S Range 34 E NMPM LEA Col	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING</p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON IE</p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER: RE-ENTER</p>

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.

2/5/97 RAN PLASTIC TBG SET PACKER @ 4300'
PRESSURE TEST, BACK SIDE, WILL HOLD 260 PSI
O.K.ED BY JERRY SEXTON

READY TO ACCEPT WATER.

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

SIGNATURE  TITLE GEOLOGIST DATE 2/7/97

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DATE 2/7/97

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JCS



