

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. 30-025-30513
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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 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"/>	7. Lease Name or Unit Agreement Name Hood "8"
2. Name of Operator Sohio Petroleum Company	8. Well No. 1
3. Address of Operator P. O. Box 460609, Houston, Texas 77056-8609	9. Pool name or Wildcat Wildcat

4. Well Location
Unit Letter B : 1980 Feet From The East Line and 860 Feet From The North Line

Section 8 Township 17S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3714.2

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒
OTHER: ☐

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 12-22-88

Csg	Depth	Cement	Pressure	Date
13-3/8 conductor, 54.5 & K55	425	420 sxs C1 C		12-23-88
8-5/8, K55	4490	1500 sxs Lite, 200 sxs C1 C	500# w/o cement, 13-1/2 hours	12-26-88
5-1/2, K55 & N80	11800	875 sxs C1 C	2200#	1-17-89

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

SIGNATURE Elaine Kubicek TITLE Technical Assistant DATE 1-18-89

TYPE OR PRINT NAME Elaine Kubicek

TELEPHONE NO. 713/552-6433

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

cc: O + 2 NM Oil Cons., Hobbs
F. Hoffer
E. Kubicek
Well File

FEB 01 1989

RECEIVED

JAN 31 1989

OCD
HOBBS OFFICE