Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, .inerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

30-025-30647	 	-	
5. Indicate Type of Lease			Ѿ

W-100TH-10TH-17	Course De Many Manier	07504 2000	30 020 30077	
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease  STATE FEE X		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
( DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR	R. USE "APPLICATION FOR PER	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL OAS WELL X WELL	FOR SUCH PROPOSALS.) OTHER		R. E. GRAHAM 7	
2. Name of Operator			8. Well No.	
Helmerich & Payne, Inc.			2	
3. Address of Operator	Lama Cita OV 72120	n	9. Pool name or Wildcat N. Young Bone Springs	
5401 S. Hattie Okla	noma City, OK 73125	9	N. Tourig boile Spirings	
	Feet From The East	Line and1950	O Feet From The South Line	
Section 7	Township 18S Ra	unge 32E	NMPM LEA County	
	10. Elevation (Show whether		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	RKB - 3783.6		<u> </u>	
11. Check App	ropriate Box to Indicate N	Nature of Notice, R	eport, or Other Data	
			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB XX		
OTHER:		OTHER: Set 8 5	/8" Casing X	
12. Describe Proposed or Completed Operations work) SEE RULE 1103.	(Clearly state all pertinent details, an	nd give pertinent dates, inclu	ding estimated date of starting any proposed	
ST & gel & CaCl <sub>2</sub>	1/4#/SK Celloflake Plug down @ 0900	Cemented with 5 . Tail in w/15 hrs. 10/14/89.	60 sx Class "C" w/8#	

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON		JAN 29 199
TYPE OR PRINT NAME Roger G. Burau	405-677-0206	TELEPHONE NO.
SIONATURE Roger S. Burau	mme Drilling Superintendent	
I hereby certify that the information above is true and complete to the best of my knowled	dge and belief.	

DISTRICT I SUPERVISOR

TITLE .

CONDITIONS OF APPROVAL, IF ANY: