

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.

30-025-30914

5. Indicate Type of Lease

STATE ☐

FEE ☒

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 ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Helmerich & Payne, Inc.

3. Address of Operator

5401 S. Hattie - Oklahoma City, OK 73129

4. Well Location

Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line

Section

7

Township 18S

Range 32E

NMPM

Lea

County

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

3787.3' RKB

7. Lease Name or Unit Agreement Name

R.E. GRAHAM # 7

8. Well No.

4

9. Pool name or Wildcat

Undesignated

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: Set 8 5/8" casing ☒

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.

Drilled 11" hole to 3100'. Set 8 5/8" 32# K-55 ST & C casing @ 3100'. Cemented w/1125-
sx Halliburton Lite w/10% salt & tailed in w/200 sx Class "C" w/2% CC. Circulated 150 sx
cement to surface. Plug down @ 0830 Hrs., 12/09/90. W.O.C., cutoff casing, weld on
head, and NU B.O.P.'s. Testing casing to 1500 psi for 30 minutes.

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

SIGNATURE Roger G. Burau TITLE Drilling Superintendent DATE 01/28/91

TYPE OR PRINT NAME Roger G. Burau (405) 677-0206 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 01 1991