Submit 3 Copies to Appropriate District Office

State of New Mexico inerals and Natural Resources Department Energy

Form C-103 Revised 1-1-89

DISTRICT I

OIL CONSERVATION DIVISION 5

VELL API NO.		-
30-025-30914	·	
		_

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			WELL API NO.			
DISTRICT II	NR 4 00010	Santa Fe, New Mexico 87504-2088			30-025-30914	
P.O. Drawer DD, Artesis DISTRICT III	a, NM 88210	·			5. Indicate Type of Lease STATE FEE	<u>[]</u>
1000 Rio Brazos Rd., Az	zec, NM 87410				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.)					7. Lease Name or Unit Agreement Name	
1. Type of Well: Oil. WELL	GAS	OTHER			R.E. GRAHAM # 7	
2. Name of Operator	sich & Dayno	Inc			8. Well No.	
Helmerich & Payne, Inc.  3. Address of Operator					# 4 9. Pool name or Wildcat	
5401 S. Hattie - Oklahoma City, OK 73129					Undesignated	_
4. Well Location Unit Letter	. 660	Feet From The South		Line and 1980	Feet From The <u>East</u> Li	ine
Section	7	Township 18S //// 10. Elevation (Show when	Range	32E N	NMPM Lea County	~
		3787.3 RKE		, KKB, KI, GK, &C.)		
11.	Check Ap	propriate Box to Indica		ture of Notice, Re	eport, or Other Data	لمشت
NOT	ICE OF INTE	^ ^		• •	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				ALTERING CASING		
TEMPORARILY ABAND	ON	CHANGE PLANS	]   c	OMMENCE DRILLING	OPNS. X PLUG AND ABANDONMENT	
PULL OR ALTER CASIN	1G		С	CASING TEST AND CEN	MENT JOB X	
OTHER:			1	THER: Set 13 3/		X
12. Describe Proposed or work) SEE RULE 11		6 (Clearly state all pertinent detail.	s, and gi	ive pertinent dates, includi	ing estimated date of starting any proposed	
12/02/90	MI & RU Exe Hrs., 12/02		Set	20" conductor	at 60'. Spud well @ 0930	
12/03/90	Cemented wi Circulated cutoff casi	th 400 sx class "C 225 sx to pit. Pl	:" w/ ug d	4% gel and 225 own @ 0500 Hrs	J-55 STC casing @ 645'. i sx class "C" w/2% CC. i., 12/03/90. W.O.C., ressure tested casing to	
			,•			
I hereby certify that the info	rmation above is true and	complete to the best of my knowledge	and belie	र्ज.		
SIONATURE TO	gend P	surou	TITLE _	Drilling Supe	erintendent DATE 01/28/91	
TYPE OR PRINT NAME	Roger G. Bu	ırau (405) 677-02	06		TELEPHONE NO.	

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