

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. <u>3002531888</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <u>NM-46607</u>
7. Lease Name or Unit Agreement Name <u>Redhawk "32" state</u>
8. Well No. <u>1</u>
9. Pool name or Wildcat <u>Quail Ridge Morrow</u>

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator <u>Asher Enterprises LTD, Co</u>	
3. Address of Operator <u>P.O. Box 423 Artesia NM 88210</u>	
4. Well Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>810</u> Feet From The <u>West</u> Line Section <u>32</u> Township <u>19-S</u> Range <u>34-E</u> NMPM <u>Leg</u> County <u></u>	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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

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.

1. MOVE IN: RIG UP PULLING UNIT.
2. START SWABING WELL TO DETERMINE STATUS OF "DELAWARE ZONE".
3. IF COMMERCIAL START PRODUCING- IF NOT COMMERCIAL WILL RIG DOWN AND MAKE ARRANGEMENTS TO CLEAN OUT WELL AND RECOMPLETE IN MORROW PERFS.

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

SIGNATURE Kevin Jones TITLE General Partner DATE 11-18-99
TYPE OR PRINT NAME Kevin Jones (505) TELEPHONE NO. 748-1424

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 19 1999

CONDITIONS OF APPROVAL, IF ANY:

