

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.	30-025-31888
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	LG-607

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	7. Lease Name or Unit Agreement Name Redhawk "32" State
2. Name of Operator Mitchell Energy Corporation	8. Well No. 1
3. Address of Operator P.O. Box 4000 The Woodlands, Texas 77387-4000	9. Pool name or Wildcat Quail Ridge (Morrow)
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>19S</u> Range <u>34E</u> NMPM <u>Lea</u> County	
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"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <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. MIRU WOU. POOH w/completion string and packer (13,295').
2. Set CIBP at 13,293' ± (current Morrow perms 13,298-13,338')
3. RIH with TCP guns and pkr. Space out for top shot at 13,165'.
4. Perforate Morrow interval 13,165-13,175'. RD WOU and MOL.
5. Turn well to sales.
Work to began within one month.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>Rob Pawlik</u>	TITLE <u>Sr. Staff Production Engineer</u> DATE <u>5/12/99</u>
TYPE OR PRINT NAME <u>Rob Pawlik</u> TELEPHONE NO. <u>713-377-5979</u>	

(This space for State Use)	
ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR	
APPROVED BY _____	TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:	

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