

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. 30-025-32458
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. NA

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name Arco A Com
2. Name of Operator Rand Oil & Gas, Inc.	8. Well No. 2
3. Address of Operator 1110 N. Big Spring St. Midland, TX 79701	9. Pool name or Wildcat South Knowles (Devonian)
4. Well Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 18 Township 17-S Range 39-E NMMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3664' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input 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: TD well and set 5-1/2" csg. <input checked="" 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.

9-09-94 Drilling @ 12,120'. Drilled to 12,154'-TD. Ran 5-1/2" 17 & 20 lbs N-80 csg. Set External Casing Packer w/DV tool @ 12,138'. Cmt w/975 sx thru DV tool. Released rig 9-12-94. Moving out rig. WO Completion Unit.

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

SIGNATURE [Signature] TITLE AGENT DATE 9-15-94

TYPE OR PRINT NAME O. H. ROUTH TELEPHONE NO. 915/687-0311

(This space for State Use)

SEP 19 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 16 1994

FOOT LOCKS
OFFICE