Submit 3 Copies To Appropriate District Office	State of	Form C-103						
District I 1625 N. French Dr., Hobbs, NM 87240					Revised March 25, 1999 WELL API NO.			
District II 811 South First, Artesia, NM 87210					30-025-35117			
District III 1000 Rio Brazos Rd., Aztec, NM 87410 2040 South Pacheco				5. Indicate Type of Lease				
District IV 2040 South Pacheco, Santa Fe, NM 87505 Santa Fe, NM 87505				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:				7. Lease Name or Unit Agreement Name:				
Oil Well Gas Well Other				Winn Carter				
2. Name of Operator Saturn Land Company, Inc.				8. Well No.				
3. Address of Operator 318 W. Highland, Shawnee, OK 74801				9. Pool name or Wildcat				
4. Well Location				Johnson Draw; Yeso				
Unit Letter Ñ	500 feet from the	South	line and 23	810	. 147.			
	rest nom the	_		reet fro	m the _ We	280	_line	
***************************************	Township 10. Elevation (Show)	L7S Ra whether D	ange 39E	NMPM	County	Lea		
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3632 GR 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data								
NOTICE OF INT	propriate Box to In	dicate N	ature of Notice, I	Report or Other	Data		************	
PERFORM REMEDIAL WORK PLUG AND ABANDON SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING								
TEMPORARILY ABANDON				LLING OPNS.	PLUG A			
	CASING TEST A COMPLETION CASING TEST A CEMENT JOB			ID 🛣	ABANDO	ONMENT	<u></u>	
OTHER:			OTHER:					
12. Describe proposed or completed of starting any proposed work). So or recompilation.	DEE ROLL 1105. POI	Muluple (completions: Attach	wellbore diagram	of propose	estimated ed comple	date tion	
On 11/02/00 - Ran 2103' (47 jts.) 8 5/8" 24# J-55 Casing. Set @ 2086'.								
Cemented as follows: (lead) 740 sxs class C + POZ 35:65, 6% gel, 1% CaCl2 & 4# cello flake (tail) 200 sxs class C, 1% CaCl2. Top of cement at surface; circulated								
Soo axis delient to pit. Bumped pind at [2:00 pm on 11/02/00 closed pop and herbed								
casing to 1000 psi for 30 minutes. No leak off. Test performed at 4:00 am on 11/03/00.								
11, 00, 000								
I hereby certify that the information ab	ove is true and comple	te to the h	est of my knowledge	a and h -1! - f		 		
SIGNATURE A								
	1	_HTLE\	/ice Presiden	<u>t</u>	_DATE_	11/10/	00	
Type or print name Shawn Lack (This space for State use)	сеу			Teleph	none No.	(405)	<u>275</u> –4406	
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APPPROVED BY		TITLE	F	utz	_DATE_	300	i i	
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