Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.
30-025-34689

5. Indicate Type of Lease STATE [x] 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.)

7. Lease Name or Unit Agreement Name
Laughlin
Property Code No. 24852

1. Type of Well:
OIL WELL [x] GAS WELL [ ] OTHER

2. Name of Operator
Beach Exploration, Inc. OGRID No. 1903

8. Well No.
1

3. Address of Operator
800 N. Marienfeld Ste. 200 Midland, Texas 79701

9. Pool name or Wildcat
Wildcat - San Andres

4. Well Location
Unit Letter L : 2122 Feet From The South Line and 380 Feet From The West Line

Section 19 Township 19S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3595' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| PERFORM REMEDIAL WORK | [ ] | PLUG AND ABANDON | [ ] | REMEDIAL WORK | [ ] | ALTERING CASING | [ ] |
| TEMPORARILY ABANDON | [ ] | CHANGE PLANS | [ ] | COMMENCE DRILLING OPNS. | [ ] | PLUG AND ABANDONMENT | [ ] |
| PULL OR ALTER CASING | [ ] | | | CASING TEST AND CEMENT JOB | [x] | | |
| OTHER: | [ ] | | | OTHER: | | | [ ] |

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.

Beach Exploration, Inc. spud well on 9-18-99, drilled to 355', set 8 jts. 8 5/8" casing 24#, at 355', cemented with 275 sxs. Cl C, circulated 70 sxs. Plug down @3:30 AM,9-19-99 WOC for 12 hrs. Test BOP for 1 Hr.

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

SIGNATURE Barbara Hatmi TITLE Production DATE 9-21-99

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: