Submit 3 Copies	State of New Me		Form C-103
to Appropriate District Office	Energy, Minerals and Natural I	xesources Department	Revised 1-1-89
DISTRICT I	OIL CONSERVATION		WELL API NO.
P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St.			30-025-06958
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM	87505	5. Indicate Type of Lease
			STATE 🖾 🛛 FEE 🗌
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. B-25
SUNDRY NOTICES AND REPORTS ON WELLS			
	ROPOSALS TO DRILL OR TO DEEPEN		7. Lease Name or Unit Agreement Name
(FORM	ERVOIR. USE "APPLICATION FOR PER C-101) FOR SUCH PROPOSALS.)		State A
1. Type of Well: OIL GAS WELL WELL OTHER			
2. Name of Operator			8. Well No.
Hawkins Oil and Gas, Inc.			2
3. Address of Operator 400 S Boston, Suite 800 Tulsa OK 74103			9. Pool name or Wildcat Penrose Skelly Grayburg
4. Well Location			
Unit Letter <u>E</u> : <u>1</u>	<u>980</u> Feet From The <u>North</u>	Line and660	Feet From The <u>West</u> Line
Section 32	Township 218 South R	ange 37E	NMPM Lea County
	10. Elevation (Show wheth	er DF, RKB, RT, GR, etc	i.)
11. Check A	ppropriate Box to Indicate	Nature of Notice	Report, or Other Data
	INTENTION TO:	1	SEQUENT REPORT OF:
		REMEDIAL WORK	
	CHANGE PLANS	COMMENCE DRILLING	
		CASING TEST AND CE	
)THER:		OTHER:	
12. Describe Proposed or Completed C	perations (Clearly state all pertinent de	tails, and give pertinent da	tes, including estimated date of starting any proposed
work) SEE RULE 1103.	7		
and parted. Du			" casing due to 7" being colaspe cut off @ 290'. Was unable
to fish tubing.			lessed mined and pumped 225 even
cmt @ 2 3/4 BPM	@ 0 PSI well pressured	1 up to 500 #PS1	loased mixed and pumped 325 sxs POOH w/ tbg pressure up on well
	ad slight bled off W.O.(
			own to 490# in 5 min. R.I.H. smt. Spotted 540 class C
w/4% cacl2 fro	m 30' to 3' P.O.O.H. at	nd pressured up	to 600# PSI on well W.O.C.
4. Well P&A'd 10/2		in record of	
I hereby certify that the information above	is true and complete to the best of my knowled		
SIGNATURE NO	m TI	ne <u>P&A Supervisc</u>	Dr DATE _10/20/97
TYPE OR PRINT NAME Roger Mass	ey V		TELEPHONE NO. (915)530-090
(This space for State Use)			X
$\cap \Lambda$	$\gamma \rho \cdot \qquad 0$	COMPLIANCE (
APPROVED BY Johnny	Whenson T	He	DATE 9-6-01
CONDITIONS OF APPROVAL, IF ANY:			
-C/W			
-0			

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