Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. 30-025-06958 DISTRICT II Santa Fe. NM 87505 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X FEE . DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 B-85 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) STATE A Type of Well: GAS WELL WELL X OTHER 2. Name of Operator 8. Well No. HAWKINS OIL & GAS. INC. 2 3. Address of Operator 9. Pool name or Wildcat 400 S. BOSTON, SUITE 800 TULSA, OK. 74103 PENROSE SKELLY GRAYBURG 4. Well Location 1980 NORTH Unit Letter Feet From The Line and Feet From The Line 32 **21S** LEA Township Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3469'DF Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: X 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 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. PROPOSED WORK: SET 100' PLUG ABOVE PERFORATIONS @ 3528'-3564', PLUG 3428'-3528' CUT OFF 7" CASING APPROXIMATLEY 1500' PLACE CEMENT PLUG 50' IN AND 50' OUT OF CASING PLACE 100' CEMENT PLUG ABOVE SALT 1205'-1305' USE MUD LADEN FLUID BETWEEN PLUGS PLACE 10 SXS PLUG @ SURFACE INSTALL APPROPIRATE MARKER AND CLEAN UP LOACTION I hereby certify that the information above is true complete to the best of my knowledge and belief. DATE 3-/2-5) TITLE MANAGER TYPE OR PRINT NAME DELTON CADDELL TELEPHONE NO. 505-392-6969 (This space for State Use) ORIGINAL STONED BY JERRY SEXTON MAR 1 2 1997 DISTRICE I SUPERVISOR APPROVED BY TITLE DATE