

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  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-025-D7734                                                                        |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br>Keohane                                                     |
| 8. Well No.<br>#4                                                                                   |
| 9. Pool name or Wildcat<br>Skaggs - Grayburg                                                        |

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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER |
| 2. Name of Operator<br>Professional Oil Services, Inc.                                                   |
| 3. Address of Operator<br>P.O. Box 12985, Odessa, Tx 79768-2985                                          |
| 4. Well Location                                                                                         |

Unit Letter K : 1987 Feet From The South Line and 1971 Feet From The West Line

Section 6 Township 20<sup>th</sup> South Range 38E NMPM Lea County

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

3588 GR

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

NOTICE OF INTENTION TO:

|                                                |                                                      |
|------------------------------------------------|------------------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input checked="" type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>                |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER: <input type="checkbox"/>                      |

SUBSEQUENT REPORT OF:

|                                                     |                                               |
|-----------------------------------------------------|-----------------------------------------------|
| REMEDIAL WORK <input type="checkbox"/>              | ALTERING CASING <input type="checkbox"/>      |
| COMMENCE DRILLING OPNS. <input type="checkbox"/>    | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER: <input 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.

1. Cut Tbg. at 2300', Stuck Pkr at 2688'.
2. Run Tbg and Pkr set at 2280'. Squeeze 75 SXS "C" Cmt thru Pkr and Hole in Csg. at 2742'. WOC Test.
3. Displace Hole w/10th Brine/25th Gel Per Barrel Mud.
4. Cut and Pull Csg.+- 1600'.
5. 25 Sx Plug Class "C" Cmt @ 1600' (upper salt) and Stub Plug
6. 25 Sx Plug Class "C" Cmt @ 254'
7. 10 Sx Plug Class "C" Cmt @ Surf
8. Install Dry Hole Marker, clean location.

THE COMMISSION MUST BE NOTIFIED 24  
HOURS PRIOR TO THE COMMENCEMENT OF  
PROPOSED OPERATIONS FOR THE WELLS  
TO BE APPROVED.

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

SIGNATURE [Signature] TITLE Vice-President DATE 4/22/98  
ORIGINAL SIGNED BY [Signature]  
TYPE OR PRINT NAME WINK TELEPHONE NO.

(This space for State Use)

APPROVED BY  TITLE  DATE