

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. <u>30-025-09614</u>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Christmas "A"
8. Well No. 3
9. Pool name or Wildcat South Eunice <i>Julmat T-y-SR</i>
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator Dallas McCasland
3. Address of Operator P.O. Box 206, Eunice, NM 88231
4. Well Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>23</u> Township <u>22S</u> Range <u>36E</u> NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <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.

Set cmt retainer @ 3560' and squeeze open hole f/3590-3777' w/50 sx.
Squeeze, pressure to 1200 #, let set 24 hours and test csg to 500# for 30 mins.
Casing tstd OK.

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

SIGNATURE <u>Dallas McCasland</u>	TITLE <u>Operator</u>	DATE <u>5/12/93</u>
TYPE OR PRINT NAME <u>Dallas McCasland</u>	TELEPHONE NO. <u>394-2553</u>	

(This space for State Use)

Signed by Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE MAY 12 1993

CONDITIONS OF APPROVAL, IF ANY: