

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.	30-025-34735
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Roitan
2. Name of Operator Capataz Operating, Inc.	8. Well No. 1
3. Address of Operator PO Box 10549, Midland, TX 79702	9. Pool name or Wildcat House, Blinbry
4. Well Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>14</u> Township <u>20S</u> Range <u>38E</u> NMPM <u>Lea</u> County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3560 KB

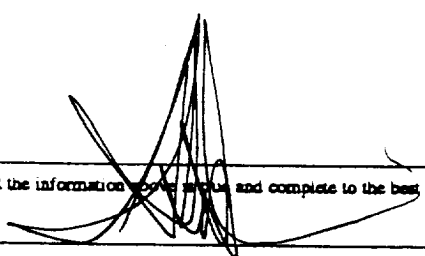
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Production Casing-Cement Job <input checked="" 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.

Ran 191 Jts 7820.53' 15.5 & 17# 5-1/2" casing. Set @ 7798' and cemented w/ 1260 sx POZ"C" w/ 5% salt, .2% Antifoamer, 6% Gel, .25 PPS Celloflake and 630 SX 50/50 Poz "C" w/ 10% salt, .2% Antifoamer, 5% FL, 2% Gel. Estimated top of cement 1535'.

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

SIGNATURE  TITLE Agent DATE 12-8-99
TYPE OR PRINT NAME H Scott Davis 915-620-8820 TELEPHONE NO.

(This space for State Use)

RECEIVED BY
CASH/WRK
RECEIVED

APPROVED BY _____ TITLE _____ DATE DEC 14 1999

CONDITIONS OF APPROVAL, IF ANY: