STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State [X] Fee [ ]

5. State Oil & Gas Lease No.
LG-1243

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. OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name
Antelope Ridge

2. Name of Operator
Natomas North America, Inc.

8. Farm or Lease Name
State "24" Comm

3. Address of Operator
1000 First Place, Tulsa, Oklahoma 74103

9. Well No.
1

4. Location of Well
UNIT LETTER K, 1980 FEET FROM THE West LINE AND 1980 FEET FROM THE South LINE, SECTION 24 TOWNSHIP 23S RANGE 34E NMPM.

10. Field and Pool, or Wildcat
Antelope Ridge
Bone Springs

15. Elevation (Show whether DF, RT, GR, etc.)
3372 GR

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [X]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER [ ]	

17. 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.

Spot 100' cmt. 50' inside and 50' outside of 9 5/8" casing stub 100' plug midway between 9 5/8" stub and shoe of 13 3/8" csg set at 5130'; 50' plug inside and 50' below 13 3/8" shoe; 100' plug from 2800-2900' (Captain Reef); 100' plug from 900-1000' (Salt Section); 10 sx cmt @ surface with 4" steel pipe dry hole marker extending 4' above ground level with well name and number and legal location documented.

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.

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

SIGNED [signature] TITLE Administrative Coordinator DATE 3/10/81

APPROVED BY [signature] TITLE [ ] DATE [ ]

CONDITIONS OF APPROVAL, IF ANY: