 Submit 3 Copies to Appropriate Dennict Office 	E y, Minerals and Natural Resources Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION 2040 Pacheco St.	WELL API NO. 30-025-34497
DISTRICT II P.O. Drawer DD, Artania, NM 88210	Santa Fe, NM 87505	5. Indicate Type of Lense STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		6. State Oil & Gas Longe No.
SUNDRY NOT	CES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO / DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lasse Name or Unit Agreement Name
1. Type of Well: OR GAS WELL GAS	OTHER DRILLING WELL	SARAH WALLACE
2. Name of Operator		8. Well No.
HOME-STAKE OIL & GAS CO 3. Address of Operator	MPANY	9. Pool same or Wildcat
15 E. 5th Street, Suite 2800, Tulsa, OK 74103-4311		MCCORMACK; SILURIAN, SOUTH
4. Well Location Unit Letter0:800	Feet From The South Line and	2040 Feet From The East Line
Section 22	Township 22S Range 37E	NMPM Lea County
	10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
n. Check	Appropriate Box to Indicate Nature of Notice, I	Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
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.

A 7-7/8" hole was drilled to 7360' and 5-1/2" 15.5# K-55 casing was set at T.D. Stage cementing tool was ran @ 5199'. Casing was cemented through casing shoe w/485 sx Class 'C' 50-50 Poz (14.8 PPG) and with 765 sx Class 'C' (14.3 PPG)+ 150 sx @ (14.8) through stage tool. Circulate 5 bbls cement to surface. Release rotary rig. Will run Cement Bond log at completion.

I hereby certify that the information above is true and complete to the best of my knowledge and SIONATURE	New Vice-President of Operations	DATE10-2-98
TYPE OR FRONT NAME Howard E. Gray	(918) 583-0178	TELEPHONE NO.
(Thus space for State Use)		
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APPROVED BY TT CONDITIONS OF APPROVAL, IF ANY:		