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OPERATOR		

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

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

5. State Oil & Gas Lease No.
K-2952

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 [XX]   GAS WELL [ ]   OTHER-

7. Unit Agreement Name

2. Name of Operator

Hondo Drilling Company

8. Farm or Lease Name

Gulf "NW" State

3. Address of Operator

P. O. Box 116, Midland, Texas   79701

9. Well No.

No. 1

4. Location of Well

UNIT LETTER __M__ , __660__ FEET FROM THE __South__ LINE AND __660__ FEET FROM

THE __West__ LINE, SECTION __6__ TOWNSHIP __24S__ RANGE __33E__ NMPM.

10. Field and Pool, or Wildcat

Undesignated

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

3590' Ground Level

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 [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [X]	
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.

Drilled 7-7/8" hole, Total Depth 5160 ft. December 14, 1972.

Cemented 148 joints 4-1/2" 9.50 lb. K-55 casing, set at 5158 feet,
cement consisting of 200 sacks Class "C" Pomix cement. Plug down
at 9:30 A.M., December 15, 1972.

Rigging up well servicing unit December 18, 1972.

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

SIGNED _____   TITLE __President__   DATE __12-18-72__

DEC 22 1972

APPROVED BY _____ Orig. Signed by Joe D. Ramey Dist. I, Supv. _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY