

Submit 3 Copies
to Appropriate
District Office

State Of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-93

DISTRICT I

P.O. Box 1980, Hobbs, NM 88241

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

DISTRICT II

P.O. Drawer DD, Artesia, Nm 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-25-32116	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name SARAH B FEDERAL	
8. Well No. 1	
9. Pool Name or Wildcat Lwr Paddock/Blincbry and Tubb Assoc.	
10. Elevation (Shown whether DF, RKB, RT, GK, etc.) 3240' GL	

SUNDRY NOTICES 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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Kelton Operating Corporation	
3. Address of Operator Post Office Box 276, Andrews, Texas 79714-0276	
4. Well Location Unit Letter H P 990 Feet From The South line and 710 Feet From The EAST Line Section 11 Township 23S Range 37E NMPM LEA County	
10. Elevation (Shown whether DF, RKB, RT, GK, etc.) 3240' GL	

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 JOBS <input type="checkbox"/>	
OTHER : <input type="checkbox"/> Re-instating Production	<input checked="" 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

This lease had been shut in by the previous operator in August 1995 due to low production and no gas engine to run pumping unit.
In March 1998 the lease was electrified and was returned to a pumping status in the original formation as when shut in.
No remedial work was performed other than changing the down hole pump.

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

SIGNATURE <u>C. Dale Kelton</u>	TITLE <u>President</u>	DATE <u>8-17-98</u>
TYPE OR PRINT NAME <u>C. Dale Kelton</u>	TELEPHONE NO. <u>915-524-6400</u>	

(This space for State Use)

APPROVED [Signature] TITLE [Signature] DATE [Signature]
CONDITIONS OF APPROVAL IF ANY :