Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-33717

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. 20035

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.)

7. Lease Name or Unit Agreement Name: State 19

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

2. Name of Operator: Cobra Oil & Gas Corporation

8. Well No. 1

3. Address of Operator: P.O. Box 8206 Wichita Falls, Texas 76307-8206

9. Pool name or Wildcat: Wildcat (Wolfcamp)

4. Well Location
Unit Letter G : 1865 Feet From The North Line and 2165 Feet From The East Line

Section 19 Township 24S Range 33E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3541' gr

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

6/11/98: Rigged up Halliburton to acid frac well. Acidized well with 12,000 gallons Purgel III/LT (35#) pad, 5000 gallons 15% VCA acid, 2500 gallons base gel, 40 ball sealers, 2500 gallons 15% VCA acid, 26 ball sealers, 2500 gallons 15% VAC acid, 2500 gallons base gel, 2000 gallons 15% closed fracture acid, and 3300 gallons base gel. Flow tested well.

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

SIGNATURE Rory Edwards TITLE Production Supervisor DATE 6/23/98

TYPE OR PRINT NAME Rory Edwards TELEPHONE NO. 940 716-5100

(This space for State Use)

APPROVED BY Orig. Signed by Paul Kautz Geologist TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: