State of New Mexico Submit 3 Copies Form C-103 Minerals and Natural Resources Department to Appropriate Ene District Office **Revised 1-1-89** DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. 2040 Pacheco St. 30-15-34148 Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. 21606 SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: WELL X WELL State 30 OTHER 2. Name of Operator 8. Well No. Cobra Oil & Gas Corporation 3. Address of Operator 9. Pool name or Wildcat PO Box 8206 76307-8206 Wichita Falls TXWildcat - Morrow Well Location 660 Feet From The North 1980 Unit Letter \_ East Line and Feet From The 24S Township 33E Range Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3546' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK 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. 10/26/97 Test 16" 65# H-40 surface casing to 500 psig for one hour. Drill 3000 sacks class "C" plus 5#/sack salt and 4"/sack Flocele class "C" w/2% CaCl<sub>2</sub>. Plug down @ 5:45 AM, 11/6/97.

14 3/4" hole out of 16" casing to depth of 5000 feet. Run 10 3/4" 60.7# TAC -140 & N-80 VAM casing and set @ 5,000'. Rig up Halliburton and cement with Tail w/535 sacks

(This space for State Use)	ORIGINAL BIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR				*EB 64	= 1998
TYPE OR PRINT NAME	Rory Edwards			TELEPHONE NO	. 940-71	16-510
SIGNATURE	1 Com Eduard m		Supervisor	. DATE	11/7/97	7
I hereby certify that the int	ormation above a true, and complete to the best of my knowledge and i	elicf.				

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY -