

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

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. <u>30-025-09716</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name  STATE B COM
8. Well No. <u>1</u>
9. Pool name or Wildcat <u>Custer Devonian</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator <u>CITATION OIL &amp; GAS CORP.</u>
3. Address of Operator <u>8223 Willow Place South</u>

4. Well Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1880</u> Feet From The <u>West</u> Line Section <u>36</u> Township <u>24S</u> Range <u>36E</u> NMPM Lea County
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input 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.

Citation Oil & Gas plans to squeeze the extraneous water produced from existing perfs and reperforate the State B Com #1-36 well ASAP.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>Sharon E. Ward</u>	TITLE <u>Production Records Supervisor</u> DATE <u>12/1/89</u>
TYPE OR PRINT NAME <u>SHARON EVANS WARD</u>	TELEPHONE NO.

(This space for State Use)	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR
APPROVED BY	TITLE
CONDITIONS OF APPROVAL, IF ANY:	

DEC 14 1989  
DEC 14 1989