Submit 3 Copies to Appropriate District Office

APPROVED BY ---

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240  OIL CONSERVATION DIVIS	SION WELL API NO.
P.O. Box 2088 DISTRICT II Santa Fe, New Mexico 87504-208	8 30 025 09403
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BY DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name of Unit Agreement Name
1. Type of Well: OR. GAS WELL WELL X OTHER	State A A/C 1
2. Name of Operator	8. Well No.
Clayton W. Williams, Jr., Inc. 3. Address of Operator	9. Pool name or Wildcat
Six Desta Drive, Suite 3000 Midland, Texas 79705	Jalmat-TNSL-YTS-7R
4. Well Location  Unit Letter F: 990 Feet From The North Line and 1650 Feet From The West Line	
Section 24 Township 23S Range 3	I an
Section 24 Township 23S Range 3	GR, etc.) Lea County
//////////////////////////////////////	
11. Check Appropriate Box to Indicate Nature of N	Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL	WORK ALTERING CASING
TEMPORARILY ABANDON X CHANGE PLANS COMMENC	E DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TE	ST 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. Estimated start date 6/29/92  1) Load 8 5/8" casing with field salt water. (CIBP set at 2775.)	
2) Pressure test casing from surface to 2775' to 500 psi for 30 minutes. (Record test on chart for OCD subsequent report.)	
3) Temporarily abandon wellbore for future use.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE Produc	tion Engineer DATE 6/25/92
TYPEOR PRINT NAME David G. Grafe	TELEPHONE NO. 682-6324
(This space for State Use)	

\_ TITLE -