

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.	30-025-28274
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 A A/C-2
8. Well No.	65
9. Pool name or Wildcat	Eunice SR Queen-South

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 GAS WELL OTHER Injection Well

2. Name of Operator
 Clayton Williams Energy, Inc.

3. Address of Operator
 Six Desta Drive, Suite 3000 Midland, Texas 79705

4. Well Location
 Unit Letter E : 1345 Feet From The North Line and 25 Feet From The West Line
 Section 9 Township 22S Range 36E NMPM Lea County
 10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR-3559'

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" 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.

- 1) Load tbq/csg annulus w/field salt water (Packer @ 3703')
- 2) Pressure test csg to 500 psi for 30 minures. Record test on chart for OCD subsequent report
- 3) Temporarily abandon well for future use.

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

SIGNATURE Matt Swierc TITLE Production Superintendent DATE 02/13/97

TYPE OR PRINT NAME Matt Swierc TELEPHONE NO. (915) 682-6324

(This space for State Use)

APPROVED BY BRUCE SEXTON TITLE PLANNING SUPERVISOR DATE FEB 17 1997

CONDITIONS OF APPROVAL, IF ANY: