State of New Mexico Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate Revised 1-1-89 District Office OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-27579 Santa Fe. New Mexico 87504-2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE _ DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. LG-3487 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 INFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL METT X North Baum OTHER 2. Name of Operator 8. Well No. Read & Stevens, Inc. 9. Pool name or Wildcat 3. Address of Operator P. O. Box 1518 Roswell, New Mexico 88202 Baum Upper Penn 4. Well Location 660' Feet From The North 660' Line Line and Feet From The 32E 24 thip 13S Range 32E

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 13S **NMPM** Lea County Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PERFORM REMEDIAL WORK **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN TEMPORARILY ABAINDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: Perf additional lower Penn/Acidize 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. 11/13/98 MIRUPU. POH w/ rods and tubing. Set RBP @ 9,340'. Perf additional lower Penn porosity from 9,223' to 9,228'. Acidize w/ 1,000 gal of 15% NEFe. Swab test dry.

Pull REP and lay down. Return original perforations to production at 11 BOPD, 3 BWPD, 20 MCFD.

I hereby certify diffr the jaformatical above is true and complete to the best of my knowle	n Engineer DATE 12-10-98
John C. Maxey, Jr.	TELEPHONE NO.505/622-37
(This space for State Use) CRIGINAL SICKET FOR A CAMPLIAMS	000 21 mg

CONDITIONS OF APPROVAL, IF ANY: