File
BLM
Land Office
B of M
Operator

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

RECEIVED
OCT 22 1992
O. C. D.
ARTESIA, OFFICE

WELL API NO.

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. V-227

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.)

7. Lease Name or Unit Agreement Name: YATES BROWN STATE

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: DEANS, INC.

8. Well No. 1

3. Address of Operator: 409 COMMERCE RD., ARTESIA, N.M. 88210

9. Pool name or Wildcat: BROWN QUEEN-G

4. Well Location

Unit Letter I : 2310 Feet From The SOUTH Line and 330 Feet From The EAST Line

Section 27 Township 10S Range 26E NMPM CHAVES County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3696.4

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
ERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[X]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
EMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
ULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
THER:	[ ]			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.

PUMP WELL UNTIL NO PRODUCTION (PUMP OFF).
SHOOT FLUID LEVEL TO INSURE NO HIGHER THAN 100' ABOVE PERFORATIONS.
PULL RODS AND TUBING.
POUR APPROXIMATELY 3½ yds REDIMIX DOWN CASING TO OVERFLOWING.
INSTALL DRY HOLE MARKER.
DISASSEMBLE LOCATION BATTERY + UNIT, REMOVE + CLEAN UP LOCATION.

Notify N.M.O.C.C. in sufficient time to witness Plugging

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

SIGNATURE _____ TITLE Gen. Mgr. DATE 10/21/92

TYPE OR PRINT NAME MIKE DEANS TELEPHONE NO. 748-3402

(This space for State Use)

APPROVED BY _____ TITLE Field Rep DATE 11/2/92

CONDITIONS OF APPROVAL, IF ANY: