Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IP ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-8

District Office	Energy, Willerais and Ivadual	resources Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD. Arteria NM 88210 Santa Fe, New Mexico 87504-2088			WELL API NO.
DISTRICT III			5. Indicate Type of Lease STATE XX FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. K-6845
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
I. Type of Well: OIL GAS WELL XX WELL OTHER			R & S State
2. Name of Operator			8. Well No.
Frostman Oil Corp. 3. Address of Operator		1	
1	P. O. Box 1567, Hope, NM 88250-1567 (505) 746-2347		9. Pool name or Wildcat
4. Well Location	MI 00230-1307 (303)		Red Lake
Unit Letter K: 19	980 Feet From The West	Line and 19	80 Feet From The SOuth Line
Section 7	Township 17-S Ra	ange 28	NMPM Eddy County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	
11. Check A	Appropriate Box to Indicate I	Nature of Notice, Re	eport, or Other Data
NOTICE OF INT	ENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING			
ULL OR ALTER CASING CASING TEST AND CE			
OTHER:		OTHER:	
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	008 (Clearly state all pertinent details, an	d give pertinent dates, includ	ing estimated date of starting any proposed
2) Load hole W/mud 3) Perforate 4½ csg @ W/35 sx cmt W.O.C. 4) Perforate 4½ csg @	450' squeeze W/70 sx of 50' circulate cmt to s	nto perforations	, perforate @ 700' squeeze mt top @ 239' 4½ full Seț PA marker
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I hereby certify that the information above to true as	ad complete to the best of my knowledge and b	dief.	
SKONATURE STAGEMEN IN	aldonado mu	Operations Supe	ervisor DATE 02/03/97
TYPE OR PRINT NAME			TELEPHONE NO.
(This space for State Use)			
APPROVED BY	Ttn n		
	The		DATE