Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
JUL 30 1993
O. C. D.

Form C-103
Revised 1-1-89

WELL API NO.
30-015-22418

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

6. State Oil & Gas Lease No.
B-2071

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
Lara Michelle

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

2. Name of Operator
TOMSCO Energy

8. Well No.
3

3. Address of Operator
P.O. Box N, Artesia, New Mexico 88210

9. Pool name or Wildcat
Artesia O G SA

4. Well Location
Unit Letter M : 1000 Feet From The South Line and 1200 Feet From The West Line

Section 34 Township 17S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3658.4 GR.

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[X]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST 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.

Propose to work over the old Arco, Empire Abo Unit "H" 331 well as follows: Place a CIBP at 6146' to cover old squeezed perfs (6196'-6210'). Put 35' cement on top of CIBP. Begin workover in the San Andres formation.

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

SIGNATURE Thos K Scroggin TITLE Operator DATE 07-30-93

TYPE OR PRINT NAME Thomas K. Scroggin TELEPHONE NO. 748-1331

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE AUG 6 1993