Submit 3 Copies to Appropriate District Office.

State of New Mexico Energy, Minerals and Natural Resources Department

1	5X-
Form C-103 C Revised 1-1-89	1
Revised 1-1-89	ND
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DISTRICT I P.O. Box 1980, Hobbs, NM 88240

CONDITIONS OF APPROVAL, IP ANY:

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504 2088

30-015-21140		
5. Indicate Type of Lease	FEE XX	

WELL API NO.

DISTRICT III	STATE FEE XX			
1000 Rio Brazos Rd., Aziec, NM 87410	JAN 2 5 1993 6. State Oil & Gas Lesse No. SW 910			
SUNDRY NOTICES AND REPORTS ON WELL	S. C.			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN O DIFFERENT RESERVOIR. USE "APPLICATION FOR PERI (FORM C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A 7 I area Name or Unit Agreement Name			
1. Type of Well: OIL GAS WELL WELL X OTHER	Howell "29"			
2. Name of Operator Barbara Fasken	8. Well No.			
3. Address of Operator 303 W. Wall Ave., Suite 1900, Midland, Texas	9. Pool name or Wildcat 79701-5116 Morrow			
4. Well Location				
Unit Letter G: 1980 Feet From The North	Line and 2310 Feet From The East Line			
	ge 25-E NMPM Eddy County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3542 GL				
11. Check Appropriate Box to Indicate N	ature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK 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: Exch. Tbg. & Acidize			
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.

Exchanged 2-7/8" Tbg. string for 2-3/8" Tbg., W/Pkr. set @ 8839'. 01-07-93 1.

thru Acidized Morrow W/3500 Gal. 7-1/2% SSO 21 NEFE Acid. 01-19-93 2.

Returned well to production.

I hereby certify that the information about SIGNATURE (1, 2)	ve is true and complete to the best of my knowledge		DATE 01-22-93
SIGNATURE d ynn	Dimour	mue Engineering Assistant	DATE
u			(915) 687–177
TYPE OR PRINT NAME C. LVni	n Smith		TELEPHONE NO.
	ORIGINAL SIGNED BY		
(This space for State Use)			
(MIKE WILLIAMS		1AN 9 0 1003
	SUPÉRVISOR, DISTRICT IT		JAN 2 9 1993
APTROVED BY		TITLE	DATE