C/S/F

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

Form C-103
Revised 1-1-89

WELL API NO.

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

6. State Oil & Gas Lease No.

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: St. 16 Comm

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

2. Name of Operator: GRUY Pet. MANAGEMENT

8. Well No. 1

3. Address of Operator: 1601 N. Turner Ste 212 Hobbs N. Mex 88240

9. Pool name or Wildcat: TURKEY TRACK (ATOKA)

4. Well Location
Unit Letter _____ : 1980 Feet From The ~~(illegible)~~ N. Line and 1980 Feet From The E Line
Section 16 Township 19-S Range 29-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3340 GL 3356 KB

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[X]	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.

(1) 4½ CIBP 10,600' w/ 35' Cement. (2) 40 SX @ 4½ Stub @ 7000' TAG

(3) 30 SX 2850' - 2750' WOC & TAG 8⅝ Shoe

(4) 35 SX TOP of SALT 1500' - 1400' (5) 60 SX ON 8⅝ Stub @ 1000'

(6) 100 SX 379' - 279' 11¾ Shoe WOC & TAG (7) 10 SX Surf

* 25 SX cement Plug 8680' - 8580'. * 25 SX cement Plug 4650' - 4550',

9.5 mud between all Plugs

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

SIGNATURE W L Holmes TITLE AGENT DATE 11-4-99

TYPE OR PRINT NAME W L Holmes TELEPHONE NO. 915-628-5586

(This space for State Use)

APPROVED BY Mike Stubblefield TITLE Field Rep. II DATE 11/8/99

CONDITIONS OF APPROVAL, IF ANY:

* Notifie NMOCD To witness Plugging Operations.