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
DEC 29 1992
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 1-1-89

cisf Dp

WELL API NO.

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

6. State Oil & Gas Lease No. B-3179

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: STATE 23

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

2. Name of Operator: Cit Operating, Inc

8. Well No. 1

3. Address of Operator: P.O. Box 1799, Midland TX 79702

9. Pool name or Wildcat: Parkway Bone Springs

4. Well Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 23 Township 19-S Range 23-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3133.3 GR

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	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[X]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[X]		
OTHER:	[ ]			OTHER: PERF & FRAC.			[X]

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) DRILL PLUGS @ SURFACE, 415', 3015, 3643, 3859, 5410, [redacted] 7210, CLEAN HOLE OUT TO 8,270'.

2) RUN 5 1/2 17# CSG - SET @ 8208', CMT W/ 635 SKS CLASS C - PLUG DOWN @ 4:00PM 11/6/92

3) PERF 7084' TO 7272' 12 STS.

4) FRAC W/ 110,000 gal gel & 177,500 # 16/30 RC SANDS.

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

SIGNATURE [signature] TITLE PRESIDENT DATE 12/28/92

TYPE OR PRINT NAME DAVID H. HARRISON TELEPHONE NO. 915 685-5001

(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE DEC 29 1992

CONDITIONS OF APPROVAL, IF ANY: