JUN 2 2 1994

Submit 3 Copies to Appropriate District Office	State of New Me Energy, Minerals and Natural Re		Form C-103 Revised 1-1-89
<u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe. New Mexico, 87504-2088		30-015-22826 5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	Rio Brazos Rd., Aztec, NM 87410		STATE FEE 6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS			648
(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 32 COM
I. Type of Weil: OH. CAS WELL X	OTHER		STATE 32 COM
Name of Operator SOUTHLAND ROYALTY COMF	PANY		8. Well No. # 1
. Address of Operator			9. Pool name or Wildcat
P.O. Box 51810, Midland, TX 79710-1810 Well Location			WINCHESTER (CISCO)
Unit Letter B: 660' Feet From The NORTH Line and 1980' Feet From The EAST Line Section 32 Township 19S Range 28E NMPM EDDY County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3366.9' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
ULL OR ALTER CASING		CASING TEST AND CE	MENT JOB
THER: PLUG BACK TO CISCO	X	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.			
IN FEBRUARY OF 1994, WE HAD ASKED FOR EXTENSION ON PREVIOUSLY APPROVED NOTICE OF INTENT TO PLUG BACK TO THE ATOKA. IT WAS APPROVED AND THE EXTENSION GRANTED TIL AUGUST 1994. AT THIS TIME, SOUTHLAND ROYALTY COMPANY RESPECTFULLY REQUEST TO FURTHER AMEND SAID PERMIT AND ASK TO RECOMPLETE TO THE CISCO INSTEAD OF THE ATOKA.			
PLEASE FIND ATTACHED SAID PROCEDURES TO DO SO.			
CONTACT PERSON: DONNA WILLIAMS, 915-688-6943			
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE	M	PRODUCTION ASSIS	STANT DATE 5/16/94
TYPEORPRINTNAME DONNA WILLIA	MS		TRLEPHONE NO. 915-688-694

SUPERVISOR, DISTRICT II APPROVED BY-CONDITIONS OF APPROVAL, IP ANY:

(This space for State Use)