Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

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

WELL API NO.

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

6. State Oil & Gas Lease No. L-4609

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 -IL- COM

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

RECEIVED OCD - ARTESIA

2. Name of Operator: FLARE OIL, INC

8. Well No. 1

3. Address of Operator: P.O. BOX 156, PT. ISABEL, TX 78578

9. Pool name or Wildcat: BOYD MORROW

4. Well Location

Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line

Section 3 Township 19-S Range 24E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3351.2 GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
ERFORM REMEDIAL WORK	[X]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
EMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
ULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
THER:	[ ]			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 RECOMPLETE IN ATOKA AS FOLLOWS:

1. PULL TUBING AND PACKER
2. SET RET. BRIDGE PLUG @ 8425'
3. LOAD & CIRC HOLE W/ 2% KCL W/ CLAYSTA
4. SPOT 5 SX SAND ON TOP OF RET. BRIDGE PLUG. (50' FILL)
5. PULL TUBING
6. PERF ATOKA W/ 3 1/8" CASING GUN W/ 4 JSPF (28 HOLES) 8389-96
7. RIH W/ PACKER ON TUBING AND SET @ 8300' ±
6. SWAB AND/OR FLOW TEST
7. IF NECESSARY, ACIDIZE W/ 1500 GAL 7.5% NE-FE ACID
8. SWAB AND/OR FLOW TEST
9. TEST FOR COMPLETION.

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

SIGNATURE [signature] TITLE PRESIDENT DATE 2-18-99

TYPE OR PRINT NAME H.T. COOK TELEPHONE NO. 956-943-1734

(This space for State Use)

APPROVED BY For Record Only TITLE DATE 2-19-99

CONDITIONS OF APPROVAL, IF ANY: