Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised	1-1-8

District Office			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240  OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206	··· LLE TUTTO		
DISTRICT II P.O. Drawer DD, Arlesia, NM 88210  Santa Fe, New Mexico 87503	30-015-30224  5. Indicate Type of Lease  STATE X  FEE		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	STATE X FEE  6. State Oil & Gas Lease No.  VA-1541		
SUNDRY NOTICES AND REPORTS ON WELLS  ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS)			
1 Type of Well OIL OAS WELL WELL K OTHER	Little Box State		
2. Name of Operator	8. Weli Na.		
Stevens & Tull, Inc.  3 Address of Operator	9. Pool name or Wildcal		
P.O. Box 11005, Midland, TX 79702	Little Box Canyon (Morrow)		
4 Well Location	2210 F. F. T. Heat		
Unit Letter N 660 Feet From The South Line and	2310 Feet From The West Line		
Section 36 Township 20S Range 21  10. Elevation (Show whether DF, RKB, RT, GR, 4432 GR			
Check Appropriate Box to Indicate Nature of Not	tice, Report, or Other Data		
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO	ORK X ALTERING CASING		
	PILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING CASING TEST AND CEMENT JOB			
onico. Id	OTHER: Lost circulation plugs		
Onten.			
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent devork) SEE RULE 1103.			
5/6/98 - Lost 100% returns at 1275' - POH and sp	pot cement plugs as follows:		
lst plug - 30 sx "H" - Thixiotropic - t			
2nd plug - 30 sx "H" - Thixiotropic - t			
3rd plug - 30 sx "H" - Thixiotropic - t 4th plug - 80 sx "H" - Thixiotropic - t	tag at 1250' tag at 1056'		
WOC - 12 hours,			
5/7/98 - Continue drilling 7 7/8" hole with 1009	% returns.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief			
SIGNATURE At the information above is true and complete to the best of my knowledge and belief  SIGNATURE At the Start of March of March of the best of my knowledge and belief  TITLE Consult:	ing Engineer DATE 6/2/98		
TYPEOR PRINT NAME Michael G. Mooney	TELEPHONE NO. 915/699-1410		
(Thus space for State Use)	* 4 0 0 0 0 0 0 0 -		
APPROVED BY Sim Wi Seem BGA TITLE District	ict Supervisor DATE 6-11-98		