ubmit 3 Copies To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resource							orm C-103 arch 25, 1999	
District 1 1625 N. French Dr., Hobbs, NM 87240 District II 811 South First, Artesia, NM 87210 District III	OIL CONSERVA 2040 Sout			WELL AP 5. Indicate	30-015-3			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			STATE FEE				
2040 South Pacheco, Santa Fe, NM 87505				6. State O NMLC-00	il & Gas I 56087 (Bl			
SUNDRY NOTICES AND REPORTS ON WELLS					7. Lease Name or Unit Agreement Name:			
(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.) 1. Type of Well:					WISHBONE FEDERAL COM			
Oil Well Gas Well X	Other							
2. Name of Operator					8. Well No.			
BELLWETHER EXPLORATION COMPANY					1			
3. Address of Operator					9. Pool name or Wildcat			
1331 LAMAR, SUITE 1455, HOUSTON, TEXAS 77010-3039					TURKEY TRACK: MORROW			
4. Well Location								
Unit Letter <u>L</u> ::	2000 feet from the	SOL	JTH line and	680	feet from	the WEST	line	
Section 6	Township 19		Range 30E	NMPM		County	EDDY	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3414' GL								
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data								
NOTICE OF INTENTION TO: SUE				SEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK					
	CHANGE PLANS		COMMENCE DRILLING OPN			PLUG AND ABANDONM		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB		X		12191	
OTHER:			OTHER:				C	

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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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

8/16/00 - TD @ 11750'

8/17/00 - 5-1/2" L-80 17.0# LT& casing set	@ 11,750'. Cemented with 625 sx.	
during displacement. TOC est. @ 8500'.		193031-12
8/19/00 - Released Rig.	(A) m	272728293031-72375577897077 2772977 27729777 277297 27777 27777 277777 277777777
	L'II	Con and the
I hereby certify that the information above is true and complete to	the best of my knowledge and belief.	21 31 11 9V 24
SIGNATURE Manuel K. Salli	TITLE REGULATORY COORDINATOR	DATE08/28/00
Type or print name Nancy K. Gatti		Telephone No. 713-753-1492
(This space for State use)		
APPROVED BY Conditions of approval, if any:	TITLE	DATE