Submit 3 Copies to Appropriate District Office	State of New M Energy, Minerals and Natural R	lesources Department	Form C-103 Revised 1-1-89			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		Well API NO. 30001521758			
ISTRICT II O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE FEE				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. K6527					
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			
1. Type of Well: OfL WELL WELL X	OTHER	RECEIVED	Eddy FV State Com			
2. Name of Operator		AR - 5 1992				
Premier Production Con	npany / O.C.D.		#1			
3. Address of Operator P.O. Box 1246, Artesia	- NIM 99210	TESH OFFICE	9. Pool name or Wildcat			
4. Well Location	cesia, NM 88210 NE Avalon Atoka					
Unit Letter <u>H</u> : <u>198</u>	0 Feet From The North	Line and990	D Feet From TheEast Line			
Section 25			NMPM Eddy County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3352' GL						
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
NOTICE OF INT	NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
		REMEDIAL WORK				
	CHANGE PLANS					
PULL OR ALTER CASING		CASING TEST AND C				
OTHER:		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.

We intend to rig up on well; pull tubing & packer. Set cast iron bridge plug at 10,820' to isolate Morrow; dump 35' cement on bridge plug. Set cast iron bridge plug at 10,380' to isolate Atoka; use 10[#] mud in between bridge plugs at 10,820' and 10,380'. Set 35' cement on each bridge plug. Go in hole; set packer & perf Upper Penn 9713' to 9729'. Acidize w/3000gal 15% NEFE; treat for commercial production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIONATURE		mie	owner/operator	DATE March 4, 1992	
TYPE OR PRINT NAME				TELEPHONE NO.	
(This space for State Use)	ORIGINAL SIGNED BY MERCIVELEAME			MAR 1 9 1000	
AI1POVED BY	SUPERVISOR, DISTRICT IS	TITLE		MAR 1 2 1992	