Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

Form C-103
Revised 1-1-89

WELL API NO. 30-015-21949

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

6. State Oil & Gas Lease No.

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 CW

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

2. Name of Operator: MWJ PRODUCING COMPANY

8. Well No. #1

3. Address of Operator: 400 W. ILLINOIS, SUITE 1120 MIDLAND, TX 79701

9. Pool name or Wildcat: AVALON DELAWARE

4. Well Location
Unit Letter K : _____ Feet From The 1980 Line and South Feet From The 1980/W Line
Section 36 Township 205 Range 27E NMPM EDDY County

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

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[X]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
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.

PLUG #1 50 sacks *4600 & Tag

PLUG #2 40 sacks *3500 stub & Tag

PLUG #3 40 sacks *2450 - 2300

PLUG #4 40 sacks *550 - 450 & Tag

PLUG #5 10 sacks *Surface

SALT GEL BETWEEN PLUGS

RECEIVED
AUG 07 1996
OIL CON. DIV.
DIST. 2

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

SIGNATURE _____ TITLE AGENT DATE 7/19/96

TYPE OR PRINT NAME JOHN L. SCHLAGAL TELEPHONE NO. (915) 682-1177

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR TITLE _____ DATE AUG 13 1996

CONDITIONS OF APPROVAL, IF ANY: