## **Submit 3 Copies** to Appropriate District Office

Ene Minerals and Natural Resources Department

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1	Rev	ise	1	-1-	89

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

WELL API NO.	
30-015-25133	
5. Indicate Type of Lease STATE X	FEE

DISTRICT II P.O. Drawer DD, Artesia, NM 88210  DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	5. Indicate Type of Lease  STATE X FEE	
	STATE THE THE	
1000 Rio Brazos Rd., Aztec, NM 8/410	6. State Oil & Gas Lease No.	
	V-992-2 & V-993-1	
SUNDRY NOTICES AND REPORTS ON WELLS		
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Dease Parise of Other Pagiconical Paris	
1. Type of Well:	IB 32 State	
OIL GAS WELL X OTHER		
2. Name of Operator	8. Well No.	
Citation Oil & Gas Corp.	1-Y	
3. Address of Operator	9. Pool name or Wildcat	
8223 Willow Place South Ste 250 Houston, TX 77070-5623	Indian Basin- Morrow	
4. Well Location		
Unit Letter M: 1270 Feet From The South Line and 660	Feet From The West Line	
Section 32 Township 21S Range 24E N	MPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4295 GR		
11. Check Appropriate Box to Indicate Nature of Notice, Re-	port, or Other Data	
NOTICE OF INTENTION TO: SUBS	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND CEN	MENT JOB X	
OTHER: OTHER:		

work) SEE RULE 1103.

On 2-3-89 Howco sqzd the Cisco perfs 7802'-7822' w/500 gals Flo-Chek 21 followed by 150 sx Class H cmt w/0,6% FLA tailed w/150 sx Class H neat cmt. Re sqzd Cisco perfs w/50 sx Class H cmt w/3% salt followed w/500 gals Flo Chek tailed w/250 sx Class "H" cmt 2/3% salt. Flushed w/18.5 bbls fresh wtr to standing sqz pressure of 1900 psi. D0 cmt in 7" csg from 7258'-7823'.

<b>Q</b> (	mation above is true and complete to the best of my know		DATE 5-5-92
TYPE OR PRINT NAME	Sharon Ward		TELEPHONE NO. 713-469-966
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		MAY 1 4 1992
APPROVED BY CONDITIONS OF APPROVAL.	SUPERVISOR, DISTRICT II	TITLE	DATE