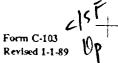
Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department



DISTRICTI

OIL CONSERVATION DIVISION -

-	15/
Form C-103 Revised 1-1-89	Op

P.O. Box 1980, Hobbs, NM 88240	F.U. BOX 2088 III Santa Fe, New Mexico, 87504-2088		WELL API NO. 30-015-26048	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease	
DISTRICT III			STATE XX FEE	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
	CES AND REPORTS ON WE			
(DO NOT USE THIS FORM FOR PRO	PPOSALS TO DRILL OR TO DEEPE EVOIR. USE "APPLICATION FOR P	N OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
(FORM C-	101) FOR SUCH PROPOSALS.)			
I. Type of Well: OIL OAS WELL XX WELL	/ OTHER	MAR 10'89	Dinero-Exxon 22 State	
2. Name of Operator		MAIN 20 00	8. Well No.	
Dinero Operating Compa 3. Address of Operator	ny V	(D.	1	
P.O. Drawer 10505, Mid	land Texas 79702	ARTESIA, OFFICE	9. Pool name or Wildcat	
4. Well Location	Tanu, Texas 17102		Catclaw Draw (Delaware)	
Unit Letter A : 660	Feet From The North	Line and660	Feet From The East Line	
Section 22		Range 25-E	NMPM Eddy County	
	10. Elevation (Show whethe			
11. Check A	Appropriate Box to Indicate		enort or Other Data	
NOTICE OF INT			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
OTHER:		OTHER:		
 Describe Proposed or Completed Operati work) SEE RULE 1103. 	ions (Clearly state all pertinent details,	and give pertinent dates, inclu	ding estimated date of starting any proposed	
02-23-89 Prep for fract	ure treatment			
Material Requirements: Nitrogen Voluem 526297 SCF				
Liquid Volume 17546, Foamer Volume 94 Gals,				
Foaming Agent 97 Gals, Aount of Sand 68000#,				
Total Slurry 516.19 Bbls., Maximum Pressure 1400#, Avg. 1200#,				
Avg. Inj. rate with prop 8 BPM, ISDP 1538# tubing, 830# Casing, 15 Mins. 1506# tubing, 902# casing.				
Left well closed in for three hours. Open well at 4:45. P.M., flow				
Nitrogen for 20 mins. then turned to fluid. Shut well in at 7:00 pm.,				
310# FTP. F	Perfs 2412-2552, 129	noies		
Completion report wil	l follow shortly, we	are waiting.on	test.	
<u> </u>				
I hereby certify that the information above in true	and complete to the best of my knowledge at	nd belief.		
SIGNATURE COLLABORATION OF THE	USTON ,	mre Production	Clerk 03/06/89	
TYPE OR PRINT NAME			TELEPHONE NO,	
(This apace for State Use)				
C	Priginal Signed By		Man 1 9 4085	
APTROVED BY	Mike Williams	TILE	MAR 1 3 1989	