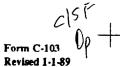
Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department



DISTRICT I

OIL CONSERVATION DIVISION

DISTRICT II	P.O. Box 2088 CEIVED Santa Fe, New Mexico 87504-2088		WELL API NO.	
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of	( Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		<b>SEP</b> 28 '89	6. State Oil & Gas	STATE FEE X
SUNDRY NOTICES AND REPORTS ON WELLSO, C. D.  ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLYING GARDY TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well:			•	Unit Agreement Name
OIL X GAS WELL X	OTHER		Parque	Farms 26 STR/3
2. Name of Operator Parker & Parsley Petro	leum Company		8. Well No.	3
3. Address of Operator P. O. Box 3178, Midland	d, Texas 79702		9. Pool name or W East Lovi	Vildcat ing (Delaware)
4. Well Location  Unit Letter F: 2080 Feet From The North Line and Feet From The Line				
	-	Line and	Feet From	
Section 26	ownship 23S Ra	28E nge   1	MPM Eddy	County
3017' GL				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				EPORT 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		CASING TEST AND CE	EMENT JOB	
OTHER:		OTHER: Recomplete in Brushy Canyon X		
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.				
Cont'd				
9-18-89 Open on 32/64" chk thru w/4 1/2" Baker Md 9-19-89 to clear annulus o to swab. Swab'd 2 SITP 125 psi. Flo 9-20-89 Flowing well to fr	R DG pkr, SN, 186 jt f sd. Attempt to se 10 BLW in 4 hrs. FI w dwn press & set pl	wed 226 BLW to f ts. 2 3/8" tbg. et pkr. Not abl L 2500' FS. Rec kr. @5880'. RU	rac tank in (5824'). Pm e to set pkm 'd total of	3 hrs. GIH np 210 BFW dwn annulus
I hereby certify that the information above is true and op	~/	belia. Dist. Operation	ons Manager	9-26-89
TYPE OR PRINT NAME J. Michael Re		LE		TELEPHIONE NO. 915 683-476

(This space for State Use)

OCT 6 1989

APTROVED BY --CONDITIONS OF APPROVAL, IF ANY: - DATE -