Submit 3 Copies to Appropriate District Office

Santa Fe			
Fye			
SLM			
Land Office			
B of M			
Operator			

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
OCT 22 1992
O. C. D.
ARTESIA, OFFICE

WELL API NO. 30-015-62761

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: VALLEY B STATE

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

2. Name of Operator: DEANS, INC

8. Well No. 1

3. Address of Operator: 409 COMMERCE RD., ARTESIA, N.M. 88210

9. Pool name or Wildcat: BROWN QUEEN GRAYB.

4. Well Location

Unit Letter H : 2310 Feet From The NORTH Line and 660' Feet From The EAST Line

Section 27 Township 10 SO Range 26 E NMPM CHAVES County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3702.0 GR

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.

PUMP WELL OFF IF NOT ALREADY
SHOOT FLUID LEVEL TO INSURE NO HIGHER THAN 100' ABOVE PERFERATIONS.
PULL RODS AND TUBING.
POUR APPROXIMATELY 5 YDS REDIMIX DOWN CASING TO OVERFLOWING.
INSTALL DRY HOLE MARKER.
REMOVE ALL WELL SITE EQUIPMENT & CLEAN UP LOCATION.

Notify N.M.O.C.C. in sufficient time to witness Plugging

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

SIGNATURE [signature] TITLE GEN. MGR. DATE 10/21/92

TYPE OR PRINT NAME MIKE DEANS TELEPHONE NO. 748-3402

(This space for State Use)

APPROVED BY [signature] TITLE Field Rep DATE 10/29/92

CONDITIONS OF APPROVAL, IF ANY: