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Form C-103 Revised 1-1-89	Dp

TELEPHONE NO. (505)622-7273

State of New Mexico Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate District Office DISTRICT OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-005-62774 DISTRICT II Santa Fe. New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. LG 7426 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" RECEIVED (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: METT X McBride State Com WELL OTHER 2. Name of Operator Well No. Stevens Operating Corporation . 3. Address of Operator 9. Pool name or Wildcat P. O. Box 2408, Roswell, New Mexico 88202 Diablo Fusselman 4. Well Location Unit Letter B : 660 Feet From The North Line and 2220 Feet From The East hip 10S Range 27E

10. Elevation (Show whether DF, RKB, RT, GR, etc.) Section Township 10S **NMPM** Chaves County 3818 GR, 3821 KB 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 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. 4-17-90 Drilled 226' cmt plug. 4-18-90 Drilled DV tool @ 4670', float collar and float shoe @ 6352, cleaned out to 6367', ran 4 bailers 14.8# Class "A" cement in open hole. WOC. 4-20-90 Cleaned out to 6370', drilled 6 1/4" hole. T. D. 6382, Ran 1/2 bailer 14.8# Class "A" cement in open hole, approximately to 6377'. WOC. 4-21-90 Ran 2 7/8" tbg with pkr to 6342', swabbing in natural. I hereby certify that the information DATE _4/21/90 General Manager

ORIGINAL SIGNED BY (This space for State Use) MIKE WILLIAMS APR 2 7 1990 SUPERVISOR, DISTRICT IT

Patricia Thompson Greenwade

CONDITIONS OF APPROVAL, IF-ANY:

SIONATURE

TYPE OR PRINT NAME