Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED
OCT 15 '90
O. C. D.

Form C-103
Revised 1-1-89

WELL API NO. 30-005-62798

5. Indicate Type of Lease STATE [X] FEE [ ]

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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: McBride State

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

8. Well No. 3

2. Name of Operator: Stevens Operating Corporation

9. Pool name or Wildcat: Diablo Fusselman

3. Address of Operator: P. .O. Box 2408, Roswell, New Mexico

4. Well Location
Unit Letter G : 1675 Feet From The North Line and 2310 Feet From The East Line
Section 28 Township 10S Range 27E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3810 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 [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [X]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [X]	
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.

Sept. 29, 1990 Well spud 12:30 p.m., Sept. 28, 1990 w/14 3/4" bit.

Sept. 30, 1990 Ran 21 Jts. 10 3/4" Csg., set @ 920'. Cmt. w/465 sxs H/L & 200 sxs class "C" Cmt. + 2% CaCl2 30 sxs Cmt. circ. to surface, plug down 6:30 p.m. WOC 18 hrs. Pressure up 1000# for 30 min. logging no pressure decrease.

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

SIGNATURE Robert C Farmer TITLE Production Supervisor DATE 10/10/90

TYPE OR PRINT NAME Robert C. Farmer TELEPHONE NO. (505) 622-

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE OCT 17 1990

CONDITIONS OF APPROVAL,