Submit 3 Copies to Appropriate District Office

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

WELL API NO.
30-025-22718

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

6. State Oil & Gas Lease No.
K-4666

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
SUN STATE

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

2. Name of Operator
READ & STEVENS, INC.

8. Well No.
1

3. Address of Operator
P.O. BOX 1518, ROSWELL, NEW MEXICO 88202-1518

9. Pool name or Wildcat
BAGLEY PERMO PENN

4. Well Location
Unit Letter P : 554 Feet From The FSL Line and 554 Feet From The FEL Line

Section 7 Township 11S Range 33E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4311.5 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. [ ]	PLUG AND ABANDONMENT [X]
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.

4-1-96 SET CIBP @ 8600' 25 sxs on top
4-2-96 SPOT 25 sxs @ 7500'-7300'
4-3-96 SPOT 25 sxs @ 3850'-3650' could not pull or pump into perfs
4-4-96 SPOT 35 sxs @ 2550'-2440' & tagged PULLED 2500' of 5 ½
4-8-96 SPOT 35 sxs @ 1850'-1750'
4-8-96 SPOT 55 sxs @ 470'-320' & tagged PULLED 420' of 8 5/8" casing
4-9-96 SPOT 20 sxs @ 50' - surface

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

SIGNATURE Susan Rodrigue TITLE Production Analyst DATE 5-1-96

TYPE OR PRINT NAME Susan Rodrigue TELEPHONE NO.

(This space for State Use)

APPROVED BY Jack Griffin TITLE OIL & GAS INSPECTOR DATE NOV 19 1996

CONDITIONS OF APPROVAL, IF ANY:

J
G


MAY 1998
Received
Hobbs
OCD