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

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

WELL API NO.	
5. Indicate Type of Lease STATE [X] FEE [ ]	
6. State Oil & Gas Lease No. K-6454	

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
Todd Lower San Andres Unit Sec. 32

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

2. Name of Operator
PLAINS PETROLEUM OPERATING COMPANY

8. Well No. 12

3. Address of Operator
415 W. Wall, Suite 2110, Midland, TX 79701

9. Pool name or Wildcat
Todd Lower San Andres Assoc.

4. Well Location

Unit Letter __L__ : __660__ Feet From The __West__ Line and __2180__ Feet From The __South__ Line

Section __32__   Township __7S__   Range __36E__   NMPM __Roosevelt__   County

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

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 [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: _____ [ ]		OTHER: _____ Convert to Prod	[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.

6-18-90   RIH w/BPMA, PS, SN, 131 jts, 2-7/8" tbg, 2-1/2" x 1-1/2" x 12' pump, 103 jts 5/8" rods, 65 7/8" rods, 1-1/4" x 16' PR w/1-1/4" x 1-1/2" x 8' PRL. Spaced out pump & clamped off

9-10-90   Moved in pumping unit, hooked up & started pumping

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

SIGNATURE _Bonnie Husband_   TITLE _Office Mgr/Tech_   DATE _8-12-91_

TYPE OR PRINT NAME   Bonnie Husband

TELEPHONE NO. 915/683-4434

(This space for State Use)
Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____   TITLE _____   DATE AUG 14 1991

CONDITIONS OF APPROVAL, IF ANY: