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. 30-005-21015

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

6. State Oil & Gas Lease No. L5120

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: Tom State #36

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

2. Name of Operator: Petroleum Development Corporation

8. Well No. 4

3. Address of Operator: 9720-B Candelaria NE Albuquerque, NM 87112

9. Pool name or Wildcat: Tomahawk San Andres

4. Well Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 36 Township 7S Range 31E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4407' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[X]	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: Prepare for horizontal drilling	[ ]			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.

1) Set cement retainer @ 4050'. Cement squeeze perforations 4071' to 4300'.

2) Set packer @ 3744'. Cement squeeze perforations @ 3994' to 4029'.

3) Mill casing 3836' to 3911'.

4) Spot cement plug 4050' to 3736'.

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

SIGNATURE J.C. Johnson TITLE President DATE 3/31/94

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

Orig. Signed by. Paul Kautz Geologist

APPROVED BY TITLE DATE APR 19 1994

CONDITIONS OF APPROVAL, IF ANY: