Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, ierais and Natural Resources Department		Form C-103 Revised 1-1-89		
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30–005–21059		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. LG 4804		
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		
1. Type of Well: OL GAS WELL X WELL	OTHER		State 24		
2. Name of Operator EP Operating Company	7		8. Weil No. 1		
3. Address of Operator 6 Desta Drive, Suite 5250, Midland, TX 79705-5510			9. Pool name or Wildcat Wildcat (Cisco)		
4. Well Location Unit Letter :66	50_ Feet From The North	Line and1980	Feet From The West Line		
Section 24 Township 12 S Range 31 E NMPM Chaves County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4409.1 GR GR 4409.1 GR March 1000000000000000000000000000000000000					
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
		REMEDIAL WORK			
	CHANGE PLANS				
PULL OR ALTER CASING					
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.

Work performed from 9/23/91 to 9/27/91:

Pulled packer and tubing out of hole. Set 5-1/2" CIBP at 10,900'. Dumped 35' cement on top of CIBP. Circulated hole with 2% KCL water mixed with 10 gallons Halliburton Anhib packer fluid. Perforated Cisco formation from 9288'-94' with 4 JSPF (24 holes). Acidized with 1500 gallons 15% NEFE acid. Swabbed back total load. No show of oil, slight show of gas. Temporarily abandoned well.

I hereby certify that the information above is true and complete to the best of my knowl SIGNATURE	edge and beli	e. Production Superintendent	_ DATE10/09/91
TYPE OR PRINT NAME S. D. Reed		(915) 682-9756	TELEPHONE NO.
(This space for State Use)			
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TILE -		_ DATE