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

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-005-21137

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

6. State Oil & Gas Lease No. VA 664

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: Tobac State #29

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

2. Name of Operator: New Horizon Exploration, Inc.

8. Well No. #1

3. Address of Operator: P.O. Box 12386, Dallas, TX 75209

9. Pool name or Wildcat: 59350 TOBAC PENN

4. Well Location

Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line

Section 29 Township 8S Range 33E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4394 GR 4406 KB

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.

11/19/96 Set CIBP @ 8900' Cap w/ 35' cmt, cut 5½ csg @ 7000', cmt w/ 25 sx, 'c', 7050-6950, cut 5½ csg @ 5000' No Rec, cmt w/ 25 sx 'c', 5050-4950, cut 5½ csg @ 3650, Rec 97 jts. cmt w/ 60 sx 'c' from 3700'-3500'. Tag cmt @ 3490. cut 8⅝ @ 1130 Rec 40 jts, cmt w/ 70 sx 'c' 1180-1080, cmt w/ 70 sx 452-352, Toc 350, cmt w/ 25 sx 'c', 35-0 P+A complete 11-26-96

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

SIGNATURE James E Stinson TITLE VP DATE 12/13/96

TYPE OR PRINT NAME JAMES E. STINSON TELEPHONE NO. 214 352 8388

(This space for State Use) ORIGINAL SIGNED BY GARY WINK FIELD REP. II

APPROVED BY _____ TITLE _____ DATE _____

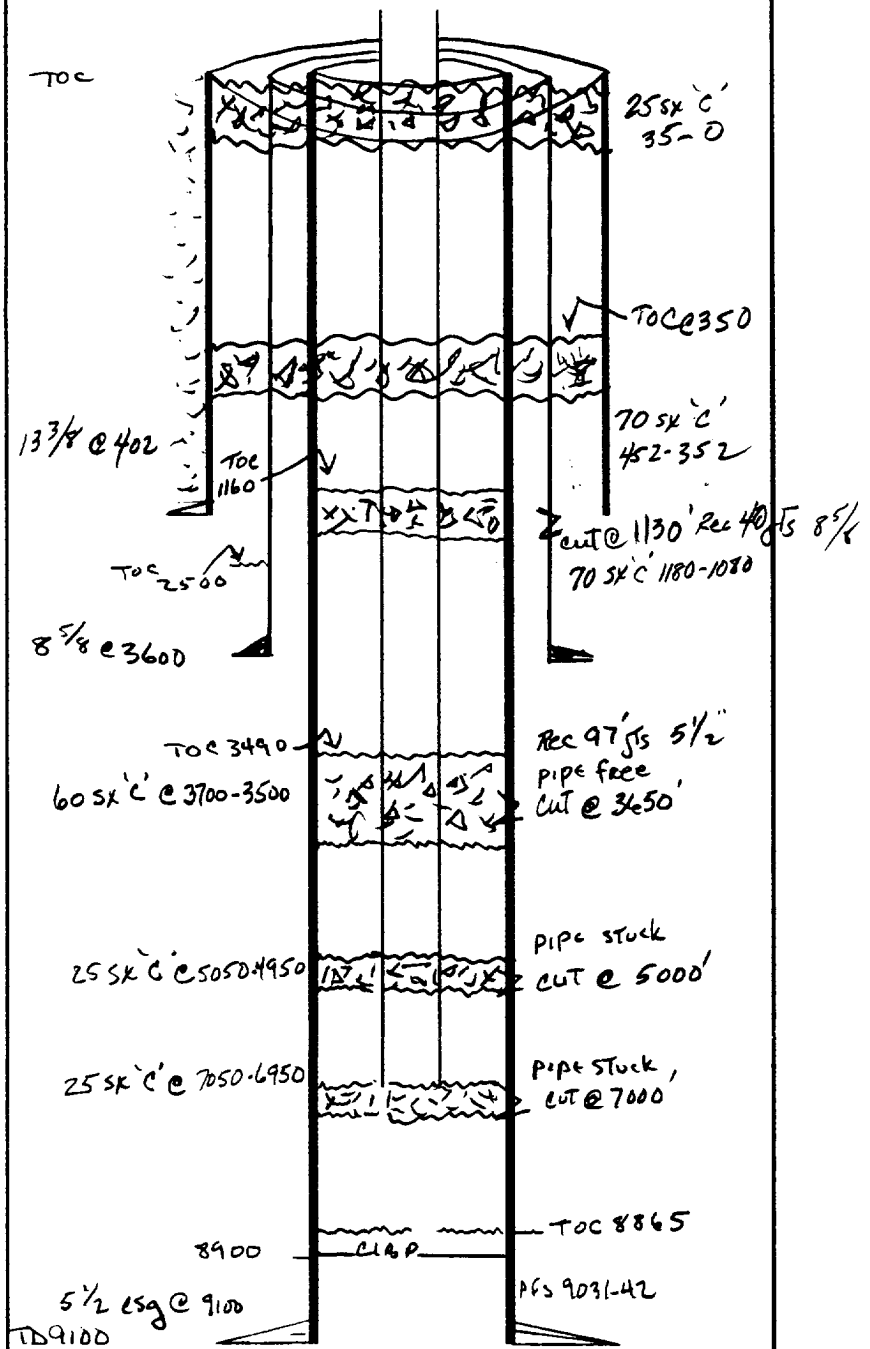
CONDITIONS OF APPROVAL, IF ANY:

JC

NEW PIZON EXPLORATION TOBAC ST. #1

API 30 005 21137

Plugging Configuration



WELL DIAGRAM