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	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.
DISTRICT II			30-025-23064
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. K-4860
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: OIL GAS WELL XX WELL	OTHER		Baum "C" State
Name of Operator     MWJ PRODUCING COME	PANY		8. Well No.
3. Address of Operator			9. Pool name or Wildcat
400 W. Illinois, S	ste. 1100, Midland,	TX 79701	Baum Upper Penn
4. Well Location  Unit LetterP :66	O Feet From The South	Line and660	Feet From The East Line
Section 31			NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4280' KB			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING		CASING TEST AND CE	EMENT 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. TD - 10,028' Perfs: 9790-9800, 9810-9816, 9887-9918' Casing Record: 13-3/8" - 362' - cmt circ'd to surf  8-5/8" - 4045' - TOC @ 3440'  5-1/2" - 10017 - TOC @ 8800'			
1) Set CiBP @ 9740' w/35' cmt			
2) 100' plug @ top of Glorieta			
5) 100' plug @ 465-	50' in & 50' out) v 365'	where 5-1/2"	etainer (tag) csg is shot off (tag)
6) 10 sx at surface	and install dry ho	ele marker	/ /
wice ween to PERT 8 8 w 465 & cement w/			
100 125100	, , , , , , , , , , , , , , , , , , , ,		
I hereby certify that the information above is tru	e and complete to the best of my knowledge and		
SIGNATURE SIGNATURE	asuly m	u Agent	DATE915/
TYPE OR PRINT NAME Sabra	Fury		TELEPHONE NO. 682-5216
(This space for State Use) ORIGINAL SIGNS	o by jerry sext <b>on</b>		JAN 29'92
	and the second of the second o	LE	DATE
CONDITIONS OF APPROVAL IF ANY:		3.30	