Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-23381

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

6. State Oil & Gas Lease No. K-5024

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: New Mexico State 80

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

2. Name of Operator: EP Operating Co. (c/o S&D Operating Co.Inc.)

8. Well No. 1

3. Address of Operator: P. O. Box 670871, Dallas, TX 75367-0871

9. Pool name or Wildcat: ~~Trace~~ Papalotes (Penn)

4. Well Location
Unit Letter B : 1980 Feet From The East Line and 660 Feet From The North Line

Section ~~22~~ 33 Township 14S Range 34E NMPM Lea 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	[X]	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:			[ ]

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 CIBP 50' above perfs @ ±10,350'.
2. Cap w/ 35' of cement.
3. Set 100' plug @ 7300'.
4. Set 100' plug in 5 1/2" casing stub. Tag.
5. Set 100' plug @ 8 5/8" shoe. Tag.
6. Set 100' plug @ 1600'.
7. Set 100' plug @ 416'.
8. Set 10 sk. surface plug.
9. Install dry hole marker.

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

SIGNATURE Guy A. Baber TITLE President, Baber Well Servicing Co. DATE 10-16-89

TYPE OR PRINT NAME Guy A. Baber TELEPHONE NO. 505-393-551

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 18 1989

CONDITIONS OF APPROVAL, IF ANY:

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS