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. 30-025-27084

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

6. State Oil & Gas Lease No. LG - 3487

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: NORTH BAUM STATE

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

8. Well No. #1

2. Name of Operator: READ & STEVENS, INC.

9. Pool name or Wildcat: BAUM UPPER PENN

3. Address of Operator: P.O. BOX 1518 ROSWELL N.M. 88202

4. Well Location
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line

Section 24 Township 13 S Range 32 E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4,298' GR

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.

4-18-96 SET CIBP @ 9600' spot 25 sxs cement on top
4-19-96 SPOT 30 sxs @ 7900'-7700'
4-19-96 Spot 30 sxs @ 6850'-6650'
4-23-96 Spot 65 sxs @ 4100'-3790' & Tagged Pulled 3850' of 5 ½ Could not pump into @ 4050'
4-24-96 Spot 35 sxs @ 1750'-1650'
4-24-96 Spot 35 sxs @ 425'-325'
4-24-96 Spot 15 sxs @ 30' to surface

INSTALL DRY HOLE MARKER
CIRCULATE 10# MUD

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

SIGNATURE Susan Rodrigue TITLE Production Analyst DATE 5-1-96

TYPE OR PRINT NAME Susan Rodrigue TELEPHONE NO. 505/622-3770

(This space for State Use)

APPROVED BY [signature] TITLE OIL & GAS INSPECTOR DATE [illegible]96

CONDITIONS OF APPROVAL, IF ANY:

JC

dp


MAY 1996
Received
Hobbs
OCD