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.
30-025-03736

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

6. State Oil & Gas Lease No.
E 9335-S

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
STATE "T"

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

2. Name of Operator
BABER WELL SERVICING, COMPANY

8. Well No.
3

3. Address of Operator
P.O. BOX 1772

9. Pool name or Wildcat
TOWNSEND PERMO UPPER PENN

4. Well Location
Unit Letter N : 3300 Feet From The South Line and 1551 Feet From The West Line

Section 6 Township 16-S Range 36-E 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	[XX]	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 @ ± 10,500', cap w/ 35' cement
2. Circulate hole with mud-laden fluid
3. Nipple up to 5 1/2" csg. Stretch out & pull csg. ± 7500'
4. Spot plug 50' in & out of stub.
5. Spot 100' plug 4743' - 4643'. (Int. csg. shoe)
6. Spot 100' plug 2039' - 1939'. (Top of salt)
7. Spot 10 sx surface plug.
8. Erect dry hole marker. Clean location.

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

SIGNATURE G.A. Baber TITLE President DATE 2/21/91

TYPE OR PRINT NAME G.A. Baber TELEPHONE NO. (505) 397-3502

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE FEB 21 1991

CONDITIONS OF APPROVAL, IF ANY: