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.
30-025-21430

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

6. State Oil & Gas Lease No.

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
B.E. SHIPP

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

2. Name of Operator
HAWKINS OIL & GAS INC.

8. Well No.
4

3. Address of Operator
400 S BOSTON SUITE 800 TULSA OK, 74103

9. Pool name or Wildcat
Lovington Paddock

4. Well Location
Unit Letter B : 1980 Feet From The EAST Line and 660 Feet From The NORTH Line

Section 32 Township 16S Range 37E 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	[ ]	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.

9-29- MOVE IN & RIG UP.P&A EQMT. POOH W/ PRO. D. EQMT.
9-30- PUMP 200 SX FROM 6073 TO 4800'.
10-1- PUMP 25 SX FROM 3606 TO 3359'.
10-1- CUT & L.D. 2124' OF 5½ CSG.
10-2- PUMP 30 SX FROM 2178 TO 2045' NO TAG.
10-2- PUMP 60 SX FROM 2178' TO 1853, TAG AT 1860'.
10-3- PUMP 30 SX FROM 423' TO 300'.
10-3-PUMP 50 SX FROM 197 TO SURF.
10-3- R.D. P.A. EQMT.

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

SIGNATURE [signature] TITLE SUPERVISOR DATE 10-6-97

TYPE OR PRINT NAME JIMMY BAGLEY TELEPHONE NO. 915 530-0907

(This space for State Use)

APPROVED BY [signature] TITLE OIL & GAS INSPECTOR DATE

CONDITIONS OF APPROVAL, IF ANY: