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. 30-025-27171

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: State "23"

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

2. Name of Operator: M & N of Lovington

8. Well No. 1

3. Address of Operator

9. Pool name or Wildcat: Grassland WC

4. Well Location
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West

Section 23 Township 15-S 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	[X]	PLUG AND ABANDON	[ ]	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.

10-27-98 Spot 25 sxs @ 10,200'-10012, -tagged
10-27-98 Spot 25 sxs @ 7370-7270'
10-29-98 Spot 45 sxs @ 5550-5435 tagged Pulled 5500' of 4½" casing
10-30-98 Spot 50 sxs @ 4650-4650 tagged
10-30-98 Spot 50 sxs @ 4650-4535 tagged
10-30 98 Spot 35 sxs @ 2000-1900'
11-2 98 Spot 85 sxs @ 500-370 tagged Pulled 446' of 8 5/8" casing
11-2-98 Spot 55 sxs @ 370-283 tagged
11-3-98 Spot 20 sxs @ 30-surface

Install Dry Hole Marker Cir. 10# MUD

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

SIGNATURE _____ TITLE _____ DATE _____

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Billy E. Prichard TITLE DISTRICT SUPERVISOR DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JCB

GWW