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

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL.	CONSER	VATION	DIVISION
	00.		

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

WELL API NO. 30-025-29817		
5. Indicate Type of Lease STATE	FEE	X

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	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					
1. Type of Well: OIL GAS OIL (A) WELL OTHER	Christmas					
OIL WELL OTHER	8. Well No.					
2. Name of Operator William C. Bahlburg	9. Pool name or Wildcat					
3. Address of Operator 14875 Landmark Blvd.,#216, Dallas, TX 75240	NE. Lovington Wolfcamp					
4. Well Location Unit LetterD : 1200 Feet From The North Line and 600	Feet From The West Line					
Section 7 Township 16 S Range 37 E	NMPM Lea County					
<i>Y////////////////////////////////////</i>	Page of Other Data					
Check Appropriate Box to Indicate Nature of Notice,	Report, of Other Data					
NOTICE OF INTENTION TO:	BSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING					
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLI	NG OPNS. PLUG AND ABANDONMENT					
PULL OR ALTER CASING CASING TEST AND	CEMENT JOB [
OTHER: OTHER:						
The Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed						

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.

Proposed remedial work:

Set CIBP a 10,500 ft. w/35 sks cement on top. Perforate 10,390 - 10,400 ft. using 4 spf. Acidice perforations 10,390 -400 with 2000 gal. 15% HCl Swab well and put on production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SKINATURE OWNER	DATE 12/6/93 214/392-0123
(This space for State Use) William C. Bahlburg ORIGINAL SIGNED BY JERRY SEXTON	DEC 1 3 1993
DISTRICT I SUPERVISOR APPROVED BY	DATE