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. 30-025-01415

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

6. State Oil & Gas Lease No. 1961S

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 35

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

2. Name of Operator: QUESTAR EXPLORATION AND PRODUCTION COMPANY

8. Well No. 1

3. Address of Operator: 1331 17TH STREET, Suite 300, Denver, Co 80202

9. Pool name or Wildcat: CORBIN ABO

4. Well Location
Unit Letter M : 760 Feet From The SOUTH Line and 330 Feet From The WEST Line
Section 35 Township 17S Range 33E 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 [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: PLUG BACK AND PERFORATE [X]	

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.

WORKOVER OPERATIONS ON the STATE 35-1 WELL DURING the PERIOD 6/9/99 to 6/25/99:

1- SET CIBP AT 8691'. ABO openhole 8795' – 8812'.
2- Perforate Upper ABO From 8651' – 8653', 8658' – 8660', 8664' – 8666', 8671' – 8677', AND 8686' – 8690'.
3- ACIDIZE Upper ABO perfs with 2000 gallons 15% NeFeHCl.

PRODUCTION prior to recompletion: 3 BOPD, 40 BWPD, 10 MCFD
PRODUCTION AFTER recompletion: 30 BOPD, 60 BWPD, 10 MCFD

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

SIGNATURE D.R. Becue TITLE Division Operations Supt DATE 10/25/99

TYPE OR PRINT NAME D.R. Becue TELEPHONE NO. 303-672-6961

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR TITLE DATE NOV 12 1999

CONDITIONS OF APPROVAL, IF ANY: