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 32823

5. Indicate Type of Lease STATE [XX] 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: CONOCO "29" State (15709)

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

8. Well No. 2

2. Name of Operator: SOUTHWEST ROYALTIES, INC.

9. Pool name or Wildcat: EUMONT/YATES SR-Queen

3. Address of Operator: P.O. BOX 11390; MIDLAND, TX 79702

4. Well Location
Unit Letter O : 660 Feet From The South Line and 1980 Feet From The East Line
Section 29 Township 18S 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 [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: re-completion in Penrose [ ]	

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.

3-18-97 RIH w/CIBP set @ 4300'.
3-19-97 Perf 3940, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50 & 51, W/2 JSPF (23 holes).
3-20-97 AT w/1000 gal 7½% NEFE.
3-21-97 FT w/20,000 gals Viking I30 frac fluid + 72,000# 16/30 Ottawa sd perfs 3940-51 (23 holes).
3-22-97 RU & Run prod equip.
3-24-97 Turn over to prod.

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

SIGNATURE Beverly Hatfield TITLE Regulatory Coordinator DATE 4-30-97

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use) Orig. Signed by Paul Kautz

APPROVED BY TITLE DATE MAY 22 1997

CONDITIONS OF APPROVAL, IF ANY:

WF Chron Jim K F Field S