NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSER	VATION COMMISSION	Effective 1-1-65
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State <b>K</b> Fee.
OPERATOR			5. State Oil & Gas Lease No.
			E-8712
(DO NOT USE THIS FORM FOR PROPOSAL USE "APPLICATION FO	OTICES AND REPORTS ON WE S TO DRILL OR TO DEEPEN OR PLUG BACK OR PERMIT -" (FORM C-101) FOR SUCH PR	LLS TO A DIFFERENT RESERVOIR. OPOSALS.)	
OIL GAS WELL OT	THER-		7. Unit Agreement Name
2. Name of Operator			8. Farm or Lease Name
AZTEC OIL & GAS COMPANY 3. Address of Operator			STATE NV
3. Address of Operator			9. Well No.
P. O. BOX 837, HOBBS, NEW	MEXICO 88240		3
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER J 2104 FEET FROM THE South LINE AND 1856 FEET FROM			Undesignated
THE East LINE, SECTION	28 TOWNSHIP	RANGE 34-E NMP	
	15. Elevation (Show whether DF,	RT, GR, etc.)	12. County
	4063 DF		Lea
Check Appro	opriate Box To Indicate Natu	re of Notice Report of C	
NOTICE OF INTEN	TION TO:		
		308320021	NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON RE	MEDIAL WORK	
TEMPORARILY ABANDON		MMENCE DRILLING OPNS.	ALTERING CASING
PULL OR ALTER CASING		SING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
<del></del>		OTHER	٢
OTHER			
10.0			
<ol> <li>Describe Proposed or Completed Operation work) SEE RULE 1103.</li> </ol>	is (Clearly state all pertinent details,	and give pertinent dates, includir	ng estimated date of starting any propose
Drilled 121" hole to 1600	. Set 8-5/8", 24#, K	casing at 1600' w/f	MA sacks Class
w/6% gel and 200 sacks "C'	" w/2% gel and 2% Ca C	l. Circulated MO ex	re Plus dorm
at 2:00 P.M. 9-19-71.	Spudded 2:00 P M Q-13	i. Oileanacea 40 sx	s. Find down
	Spaced 2.00 1.M. 9-10	)— [ <b>T</b> •	
W.O.C. 18 hrs. Pressure	od cocine to 1000 Dei A	20	
w.o.c. io ms. Pressure	ed casing to 1000 Psi fo	or 30 minutes. Held	. o.k.
	•		
8. I hereby certify that the information shows	s true and complete to the best of	knowledge of 1 - 11-1	
18. I hereby certify that the information above i	is true and complete to the best of my	knowledge and belief.	
18. I hereby certify that the information above i			
orginial signed by			DATE <b>9~20~71</b>
orginial signed by:  LESTER, L. DUKE		knowledge and belief.  TRICT SUPERINTE ENT	DATE
orginial signed by IGNED LESTER, L. DUKE; Orig. Signed by			
SIGNED LESTER, L. DUKE			DATE 9-20-71 DATE SEP 2 2 1971

RECEIVED

SEP 21,1971

HOSES, NUMBER OF STREET