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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-28189

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

6. State Oil & Gas Lease No.
NM899

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 AZ

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

2. Name of Operator
Primero Operating Inc

8. Well No.
2

3. Address of Operator
PO Box 1433, Roswell, NM 88202

9. Pool name or Wildcat
Scharb (Bone Springs)

4. Well Location
Unit Letter H : 1980 Feet From The N Line and 660 Feet From The E Line

Section 6 Township 19S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GL 3931

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	[XX]	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.

We propose to plug this well as follows:

set CIBP @ 9050'

Pump cement plug #1;	25sx	9050-8950
Pump cement plug #2;	25sx	6088-5988
Pump cement plug #3;	25sx	4050-3950
Pump cement plug #4;	25sx	1925-1825
Pump cement plug #5;	25sx	453-353
Pump cement plug #6;	10sx	@ surface

We will then install a dry hole marker and clean and level the location pursuant to NMOCD Rules & Regulations

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

SIGNATURE _____ TITLE President DATE 5/18/98

TYPE OR PRINT NAME Phelps White TELEPHONE NO. 505-622-1001

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT SUPERVISOR TITLE _____ DATE MAY 26 1998

CONDITIONS OF APPROVAL, IF ANY: