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.
30-025-29858

5. Indicate Type of Lease STATE XX FEE __

6. State Oil & Gas Lease No.
B-1506

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
Plains Radio State

1. Type of Well:
OIL WELL XX GAS WELL __ OTHER

2. Name of Operator
Primero Operating, Inc.

8. Well No.
1

3. Address of Operator
P.O. Box 1433, Roswell, NM 88202-1433

9. Pool name or Wildcat
Undesignated Abo

4. Well Location
Unit Letter E 1980 Feet From The North Line and 660 Feet From The East Line

Section 23 Township 17S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.,)
3929.7 GR

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: Test Cisco Formation			

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.

10/23/97: Perforate 10,468-78, 10,494-98 and 10,621-26' w/ 1 spf
10/24/97: Acidize perforations w/ 2500 gallons of 15% NEFE
10/24-30/97: Swabb tested well, approximately 400 bbls fluid per day 8% oil cut.
10/31/97: Set retreivable bridge plug @ 9714 to produce ABo formation.

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

SIGNATURE _____ TITLE President DATE 1/24/98

TYPE OR PRINT NAME Phelps White TELEPHONE NO. 505-622-1

(This space for State Use) ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: