Submit 3 Copies to Appropriate District Office

APPROVED BY ----

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

___ DATE ___

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 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.) 1. Type of Well: OBL	WELL API NO. 30-025-30985 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. V-1357 7. Lease Name or Unit Agreement Name Mitchell "16" State 8. Well No. 3
3. Address of Operator P.O. Box 51810, Midland, TX 79710-1810 4. Well Location Unit Letter G: 1650 Feet From The North Line and Section 16 Township 18-S Range 32-E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3787' GR	9. Pool name or Wildcat North Young (San Andres) 2310 Feet From The East Line NMPM Lea County
Check Appropriate Box to Indicate Nature of Notice, R NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS CASING TEST AND CE OTHER: OTHER: OTHER: POLYMET	SEQUENT REPORT OF: X ALTERING CASING
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. 9/12/91 TIH w/ bit & tag @ 4706'. 9/13/91 DO CIBP @ 4706'. Circ clean. 9/14/91 DO cement retainer & cement to 4798'. Circ clean. 9/15/91 - 9/16/91 Acidize perfs 4569-4779' w/ 1700 gl 75% NEFe. 9/17/91 Pump 45 bbls 2% KCl wtr w/ biocide & 0/2 scavenger. Follow w/ 200 bbls Flowperm - 500 w/ biocide & 0/2 scavenger. Flush 60 bbls of lease crude into formation. 9/18/91 - 9/28/91 Well shut-in. 9/29/91 - 9/30/91 Retrieve RBP. 10/1/91 Set CIBP @ 4780', sqz hole @ 4790'. TIH w/ 2-1/2" x 2" x 24' RHBM pump. Set 2-7/8" tbg @ 4830' SN.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE CX ON SOLO TITLE Production Asst	
TYPEOR PRINT NAME ROXANN SCHOLZ (This space for State Use) PROCEEDINGS OF THE SERVICE	ТЕГЕРНОМЕ NO. (915)688 –694 APR 15'92

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