Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

CONDITIONS OF APPROVAL, IP ANY:

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-02501740
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		6. State Oil & Gas Lease No. E-3441	
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
1. Type of Well: OIL OAS WELL X WELL	OTHER		State BF
2. Name of Operator Stevens & Tull, Inc	•		8. Well No. 1 .
3. Address of Operator P. O. Box 11005, Mic	dland, Texas 79702		9. Pool name or Wildcat West Teas Y-SR
4. Well Location Unit Letter G : 1980	Feet From The North	Line and 1980	Feet From The East Line
Section 16 Township 20S Range 33E NMPM County			
	10. Elevation (Show whether 3536 GR	DF, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INT	ENTION TO:	SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CE			
OTHER:		OTHER: Add Per	forations
-12. Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertinent details, a	nd give pertinent dates, includ	ing estimated date of starting any proposed
9/7/94 - Set CIBP at	3120' - Re-perforate - - 1 SPF 34 holes.	from 3090-3107	- 1 SPF 17 holes and
9/9/94 - Frac (3090'-	3107') with 11,800 ga	llons gel and 30	,000 #12/20 sand, no acid.
9/10/94 - Frac (2989'-	-3006') with 30,000 ga	llons gel and 60	,000 #12/20 sand, no acid.
9/22/94 - Recovering frac load - ready to potential.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  Engineer  9/22/94			
SKINATURE MUNICIPALITY	Mooning III	LE	DATE DATE
TYPE OR PRINT NAME TELEPHONE NO.			
	METER OF DESCRIPTION		SEP 27 1994
APPROVED BY		LE	DATE

HET. FIVED

SEP 9 6 1994

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