Submit 3 Copies to Appropriate District Office	State of New Mexico Energ, , Minerals and Natural Resources Department		Form C-103 Revised 1-1-89
DISTRICT I	OIL CONSERVATIO	N DIVISION	
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088		WELL API NO.	
DISTRICT II P.O. Drawer DD, Anesia, NM 88210 Santa Fe, New Mexico 87504-2088		30-025-04208	
DISTRICT III			5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
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
OL GAS OTHER			Ftabauarru
2. Name of Operator			Etcheverry 8. Well No.
Zia Energy, Inc.			1
3. Address of Operator			9. Pool name or Wildcat
P. O. Box 2219, Hobbs, NM 88241 Eumont Yates 7Rivers Queen			
Unit Letter <u>G</u> : 2310 Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line			
Section 10 Township 20 South Range 36 East NMPM Lea County			
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3600' DF			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
		REMEDIAL WORK	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING			
PULL OR ALTER CASING			
	·····	OTHER:	L
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.			
 Rig up well servicing unit. Pull rods and pump. Tag bottom with tubing and tally out of hole. Run compensated neutron and gamma ray log. Clean out to TD 3894'. Select and perforate additional zones behind casing. Stimulate open hole between 3684' to 3894' and new perforations as needed. Run tubing, rods and pump and place well on production. 			
I hereby certify that the information above is true SIGNATURE	Son m	æle. E Engineer	DATE <u>11/25/92</u> TELEPHONE NO. 393-2937
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR APPROVED BY			DATE NOV 3 0 '92
CONDITIONS OF APPROVAL, IF ANY:			