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

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-27785

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

6. State Oil & Gas Lease No. V-279

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: SIMS "35" STATE

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

2. Name of Operator: MIRAGE ENERGY, INC

8. Well No. 2

3. Address of Operator: 7915 N. LLEWELYN, HOBBS, NM 88242

9. Pool name or Wildcat: OSUDO MORROW WEST & SOUTHEAST LEA WOLFCAMP

4. Well Location

Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line

Section 35 Township 20 S Range 35 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3682.5 GL

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: DOWN HOLE COMMINGLE	[X]			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.

PROPOSE TO REMOVE BRIDGE PLUGS AND DOWN HOLE COMMINGLE SOUTH EAST LEA WOLFCAMP AND OSUDO MORROW WEST POOLS - ADMINISTRATIVE ORDER DHC-1688

WE PLAN TO START WORK 11-3-97

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

SIGNATURE James Cogburn TITLE OPERATION COORDINATOR DATE 10-31-97

TYPE OR PRINT NAME JAMES COGBURN TELEPHONE NO (505) 392-7095

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

FEB 1997

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: