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-~~33131~~ 33132

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

6. State Oil & Gas Lease No. B00230

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: R.R. BELL NCT "H"

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

2. Name of Operator: ME-TEX OIL & GAS, INC.

8. Well No. 3

3. Address of Operator: P.O. BOX 2070 HOBBS, NM 88240

9. Pool name or Wildcat: EUMONT/YATES/7RS/QUEEN

4. Well Location
Unit Letter A : 990 Feet From The NORTH Line and 330 Feet From The EAST Line
Section 23 Township 19S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3705 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	[X]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			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.

REVISED CASING PROGRAM

21 Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
12 1/4	8 5/8	23	400	650	CIRCULATION
7 7/8	5 1/2	15.5	4000	750	CIRCULATION

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

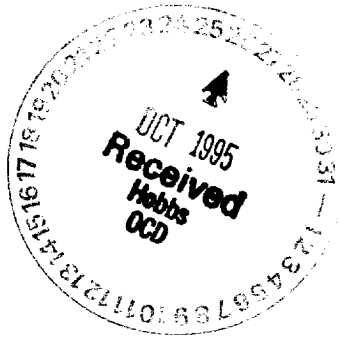
SIGNATURE Debbie Tippy TITLE PRODUCTION CLERK DATE 10/25/95

TYPE OR PRINT NAME DEBBIE TIPPY TELEPHONE NO. 505-397-7750

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE 11-27-95

CONDITIONS OF APPROVAL, IF ANY:


OCT 1995
Received
Hobbs
OCD