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 P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206		WELL API NO. 30-025-33581
DISTRICT II Santa Fe, New Mexico 87503 P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No. 19465
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 WELL OTHER			BERN -A-
2. Name of Operator Jack Huff			8. Well No. 2
3. Address of Operator P. O. Box 50190 Midland, Texas 79710-0190			9. Pool name or Wildcat Eumont Yates 7-R Queen
4. Well Location Unit Letter <u>I</u> : <u>1980</u> Feet From The South Line and <u>660</u> Feet From The <u>East</u> Line			
Section 14 Township 19S Range 36E NMPM Lea County			
	10. Elevation (Show whethe		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
		REMEDIAL WORK	ALTERING CASING
	CHANGE PLANS		
		CASING TEST AND CEMENT JOB	
		OTHER: Well Completion	
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.			
9/20/96 thru 9/26/96 Spudded & drilled well to TD of 410'. Set 8 5/8" casing @ 410'. Cemented with 260 sx class 'C'w/2% CaCl. Waited 10 hrs on cement. Drilled 7 7/8" hole below surface casing to TD of 4025'. Logged hole. Ran 5 1/2" casing & set at 4025'. Cemented with 730 sx cement. 10/24/96 Perforated casing from 3791'-3940' with 31 shots. Acidized with 1500 gallons			
15% HCl acid.			
11/18/96 Fraced well w/75,000 gal foamed CO2 & 283,000# 20/40 sand.			
	9		
I hereby certify that the information above is the	and complete to the best of my knowledge and b	elicf.	
		me Operations	Manager DATE
TYPE OR PRINT NAME Chris Hu	ff		TELEPHONE NO. (915) 683-9231
(This space for State Use)			JAN 08 1997
APPROVED BY	Τ	me	DATE