State of New Mexico

Ene   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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-08827

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

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

State A AC 2

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

2. Name of Operator
Clayton Williams Energy, Inc.

8. Well No.
21

3. Address of Operator
Six Desta Drive, Suite 3000   Midland, Texas 79705

9. Pool name or Wildcat
Eunice 7 Rvrs Queen, South

4. Well Location

Unit Letter ___K___ : __1980__ Feet From The __South__ Line and __2316__ Feet From The __West__ Line

Section __7__   Township __22S__   Range __36E__   NMPM   Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3603' GR

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

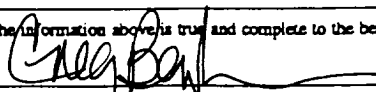| NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]		REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [X]	CHANGE PLANS [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]			CASING TEST AND CEMENT JOB [ ]	
OTHER: ____ [ ]			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.

Est. Start Date: 04/14/94

1) Set CIBP at ± 3400'.

2) Load and test casing to 500 psi for 30 minutes.

3) Properly TA Well.

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

SIGNATURE _____ TITLE _Petroleum Engineer_ DATE _04/12/94_

TYPE OR PRINT NAME _Greg Benton_ TELEPHONE NO. 682-6324

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APR 14 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: