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

RECEIVED
SEP 26 '90
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 1-1-89

WELL API NO. 30-025-29839

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: SAN SIMON STATE

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

2. Name of Operator: TEMPO ENERGY Inc

8. Well No. 6

3. Address of Operator: HOBBS, NEW MEXICO 88240

9. Pool name or Wildcat: SAN SIMON

4. Well Location
Unit Letter H : 2310 Feet From The N Line and 990 Feet From The E Line

Section 4 Township 22S Range 35E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3660 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	[X]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	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.

1. M.I.R.U., Set 5½ B.P. @ 3800'.
2. Run Bailer Dump 5 sk. cement.
3. P.U. 2 3/8 tbg. and circulate hole w/mud @ 3800'.
4. Set 20 sk. plug @ 400'.
5. Set 5 sk. plug @ surface.
6. Install dry hole marker. Rig down.

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

SIGNATURE Guy Baber TITLE AGENT DATE 9-24-90

TYPE OR PRINT NAME GUY BABER TELEPHONE NO. 505-397-3502

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE OCT 0 [illegible]

CONDITIONS OF APPROVAL, IF ANY:

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THIS WELL TO BE APPROVED