Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

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 OIL CONSERVATION DIVISION		WELL API NO.
P.U. BOX 2 DISTRICT II Santa Fe, New Mexic		30-025-324617
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		5. Indicate Type of Lease STATE XX FEE
		6. State Oil & Gas Lease No. LG-893
SUNDRY NOTICES AND REPORTS ON W	/ELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"		7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:		New Mexico DW State
OIL GAS WELL OTHER		. State
2. Name of Operator		8. Well No.
Stevens & Tull, Inc. 3. Address of Operator	· · · · · · · · · · · · · · · · · · ·	9. Pool name or Wildcat
P. O. Box 11005, Midland, Texas 79707		Wildcat
4. Well Location Unit Letter <u>F</u> : 1980 Feet From The North Line and 660 Feet From The West Line		
Section 6 Township 22S	Range 35E	NMPM Lea County
10. Elevation (Show whether	her DF, RKB, RT, GR, etc.)	\$/////////////////////////////////////
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO:		SEQUENT REPORT OF:
	¬	
PERFORM REMEDIAL WORK PLUG AND ABANDON L	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING	CASING TEST AND CE	
OTHER:	OTHER: Complet	ion - Seven Rivers
 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. 4/19/94 - Attempt open hole completion into Seven Rivers Formation. Drill out 5 1/2" casing shoe at 3941' - Drill to 3947' - Recovered 100% water. No stimulation. Set CIBP at 3930'. Dump 2 sacks cement on plug. Abandon Seven Rivers and prepare to test Yates Formation. 		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Muchael HMUNING	mme Engineer	
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use)	CAICINY COMES SO	MAY C 2 1994