Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OII	CONSERV	JATION	DIVISION
UIL	CONSER	MILLA	DIAMETON

	NSERVATION DIVISION old Santa Fe Trail, Room 206	WELL API NO. 30-025-33683
DISTRICT II San		
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III		5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd., Aziec, NM 87410		6. State Cril & Gas Lease No.
SUNDRY NOTICES AND RE	PORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DR DIFFERENT RESERVOIR. USE "APP (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL X WELL	OTHER	Kyte
2. Name of Operator Stevens & Tull, Inc.		8. Well No.
3. Address of Operator P.O. Box 11005, Midland,	TX 79702	9. Pool name or Wildcat DK Abo
4. Well Location		
Unit Letter H: 1980 Feet From Th	e North Line and 66	60 Feet From The East Line
Section 23 Township		NMPM Lea County
10. Ele	evation (Show whether DF, RKB, RT, GR, etc.) 3563 GR	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check Appropriate B	ox to Indicate Nature of Notice, R	eport, or Other Data
NOTICE OF INTENTION TO): SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND	ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PI	ANS COMMENCE DRILLING	OPNS. DUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CE	MENT JOB [
OTHER:	OTHER: Set Pr	roduction Casing 🔻
12. Describe Proposed or Completed Operations (Clearly state work) SEE RULE 1103.	all pertinent details, and give pertinent dates, incl	uding estimated date of starting any proposed
·	at 7950'. Run Open Hole Lo	ogs.
1/13/97 - RIH with 182 jo	ints - 5 1/2" - 17# N80 and	l J55 casing to 7930'.
Set DV tool at	4990'. Bottom 1826' is N8	30 casing.
celloseal with DV tool and cem- plus 3% salt ci	with 220 sx BJ Lite plus 5 tail of 395 sx "H" plus 5/1 ent stage #2 with 670 sx "c rculated 76 sx cement to so pare to RDMO Drilling Rig.	.0% fluid loss Open e" plus 7/10% fluid loss
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I hereby certify that the information above is true and complete to the best		2-od-son 1/15/07
SKINATURE MICHELL STORY	TIME Consulting I	Engineer 1/15/97
TYPEOR PRINT NAME Michael G. Mooney	<u> </u>	TELEPHONE NO. 915/699-1410
(This space for State Use)		JAN 6 6 1007
APPROVED BY	TILE	DATE