Submit 3 Copies to Appropriate District Office

APPROVED BY -

CONDITIONS OF AFFROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

CONCEDUATION DIVICION

P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION 310 Old Santa Fe Train	I, Room 206 30-025-33890
DISTRICT II Santa Fe, New Mexi P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. N/A
SUNDRY NOTICES AND REPORTS ON WEI (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PE (FORM C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL OTHER	
2. Name of Operator	8. Well No.
Stevens & Tull, Inc.  3. Address of Operator	9. Pool name or Wildcat
P.O. Box 11005, Midland, TX 79702	DK Drinkard
4. Well Location  Unit Letter I : 2310 Feet From The South Line and 330 Feet From The East Line	
Service 25 Township 20S Range 38E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
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 CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
OTHER:	OTHER: Perforate Drinkard Formation x
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.	
5/2/97 - MIRU pulling unit - perforate Drinkard Formation from 6848' - 7062' Total 79 holes	
5/3/97 - Acidize Drinkard Formation with 3500 gallons 15% NEFE - swab back acid with good oil and gas show	
5/5/97 - Frac Drinkard down casing a gel plus 156,000# 16/30 Ott	
5/10/97 - Flow back frac fluid - rea	dy to potential well.
I hereby certify that the information above is true and complete to the best of my knowledge and b	elicf.
SIGNATURE Myster My Mycony 1	THE Consulting Engineer DATE 5/12/97
TYPE OR PRINT NAME Michael G. Mooney TELEPHONE NO. (915) 699-1410	
(This space for State Use)	MAY 3 0 1997
APPROVED BY	TILE DATE