Submit 3 Copies To Appropriate District	Late of New Mexico		Form C-103.
Office District I	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.
1625 N. French Dr., Hobbs, NM 87240		30-025-32362	
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
District III 2040 South Pacheco		STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV  Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
2040 South Pacheco, Santa Fe, NM 87505			7. Lease Name or Unit Agreement Name:
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.)  1. Type of Well:			NM. State BZ NCT-5
Oil Well  Gas Well  Other  2. Name of Operator			8. Well No.
PAONGHOAN MGT. CORP.			5
3. Address of Operator P.O. Box 1772 Hobbs, N.M. 88 241			9. Pool name or Wildcat SANI S. MOW YUTES NORTH (ASSOC.)
4. Well Location			
Unit Letter D: 40 feet from the North line and 750 feet from the West line			
Section 29 Township 215 Range 35 E NMPM LEG County			
10. Elevation (Show whether DR, RKB, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN	NTENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	RK ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  1. Move in and Aig up.  2. POOH with production equipment.  3. Clean out well.  4. Acidize existing perforations.  5. Return well to production.  6. Pool of the best of my knowledge and belief.			
I hereby certify that the information above is true and complete to the best of my knowledge and benefit.			
SIGNATURE MMULT	TITLE	Pautnen	DATE 10/25/01
Type or print name 6 v y	A. Buben		Telephone No. 505-393-8386
(This space for State use)		_	` `~
	TITE TO		DATE
APPPROVED BY Conditions of approval, if any:	TITLE		