Submit 3 Copies to Appropriate District Office	State of New Mex Energy, Minerals and Natural R	esources Department	Form C-103 Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980			WELL API NO. 30-025-33061		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM S	87505	5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztee, NM 87410			6. State Oil & Gas Lease No. V - 3523		
	ICES AND REPORTS ON WELL				
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESE (FORM C	7. Lease Name or Unit Agreement Name				
I. Type of Well: GAS   OIL WELL	OTHER		Abe Unit		
2. Name of Operator			8. Well No.		
Santa Fe Energy Resources, Inc.			1		
3. Address of Operator			9. Pool name or Wildcat		
550 W. Texas, Suite 1330, Midland, TX 79701			Legg Atoka Morrow		
4. Well Location Unit Letter 0 : 760	Feet From The South	Line and198	0' Feet From The East Line		
Section 28	Township T-21-S Ra		NMPM Lea County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3661' GR					
-	opropriate Box to Indicate	1			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF					
		REMEDIAL WORK			
	CHANGE PLANS	COMMENCE DRILLING	OPNS. DPLUG AND ABANDONMENT		
PULL OR ALTER CASING CASING TEST AND CEMENT JOB					
OTHER:		OTHER:			

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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.

The following work is scheduled to begin on February 28, 1998. It is planned to abandon the current perforations 14,163'-14,296' by setting a CIBP at 14,150' and dump bailing 35' of cement on top. The interval from 13,918' to 13,982' will be perforated w/ 15 holes using a 1.635" Energiet III strip gun. If necessary, new perfs will be stimulated w/ 5000 gals 15% HCl NeFe acid and the well returned to production.

SIGNATURE	nation above is true and complete to the best of my kn <u>up Mc Cullourgh</u>	TITLE <u>Sr. Production Clerk</u>	date 2/26/98
TYPE OR PRINT NAME Ter	ry McCullough		TELEPHONE NO. 915-687-3551
(This space for State Use)	ORIGIMAL SIGNED BY CHRIS WILL LISTEDT I SUPERVISOR	LIAMS	
APPROVED BY		TITLE	DATE
CONDITIONS OF APPROVAL, IF	ANY:		