Submit 3 Copies to Appropriate District Office

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 04367
30-025-~~09367~~

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
State A AC 1

1. Type of Well:
OIL WELL [ ] GAS WELL [XX] OTHER

2. Name of Operator
Clayton Williams Energy, Inc.

8. Well No.
4

3. Address of Operator
Six Desta Drive, Suite 3000 Midland, Texas 79705

9. Pool name or Wildcat
Jalmat Tansill Yates 7 Rvrs

4. Well Location
Unit Letter C : 330 Feet From The North Line and 1660 Feet From The West Line

Section 21 Township 23S Range 36E 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	[X]	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:			[ ]

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.

1) Set CIBP at 3250'. Dump 35' of cement on CIBP.

2) Circulate hole w/10# fluid.

3) Spot cement plug from 3094 - 2994'.

4) Perforate 7" casing at 420'. Circualte cement thru perfs to surface and leave 7" casing full of cement to surface.

5) Cut off wellhead, install P & A marker, cut off deadmen and clean location.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Matt Swierc TITLE Production Superintendent DATE 06/02/93

TYPE OR PRINT NAME Matt Swierc TELEPHONE NO. 682-6324

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUN 17 1993

CONDITIONS OF APPROVAL, IF ANY: