Submit 3 Copies to Appropriate District Office

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.
30-025-28510

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 A/C #3A

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

2. Name of Operator
CLAYTON WILLIAMS ENERGY, INC.

8. Well No.
11

3. Address of Operator
SIX DESTA DRIVE, SUITE 3000 MIDLAND, TEXAS 79705

9. Pool name or Wildcat
LANGLIE MATTIX SR-Q-GB

4. Well Location
Unit Letter G : 1345 Feet From The NORTH Line and 2615 Feet From The EAST Line

Section 10 Township 23S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR - 3463.8

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: TEMPORARILY ABANDONED [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.

1. LOAD TUBING/CASING ANNULUS WITH FIELD SALTWATER (PACKER @ 3572')

2. PRESSURE TEST CASING TO 500 PSI FOR 30 MINUTES. RECORD TEST ON CHART FOR OCD SUBSEQUENT REPORT.

3. TEMPORARILY ABANDONED WELL FOR FUTURE USE.

This approval of temporary abandonment expires 12/4/2002

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

SIGNATURE David G. Grafe TITLE PRODUCTION MANAGER DATE 10/13/97

TYPE OR PRINT NAME DAVID G. GRAFE TELEPHONE NO. 915-682-6324

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 24 1997

CONDITIONS OF APPROVAL, IF ANY:

JCJSGB