te of New Mexico
Energy, Miner___ and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.
30-025-28215

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

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

STATE A A/C 1

2. Name of Operator
CLAYTON W. WILLIAMS, JR., INC.

8. Well No.
120

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

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

4. Well Location
Unit Letter ____C____ : ____25____ Feet From The ____NORTH____ Line and ____1345____ Feet From The ____WEST____ Line

Section ____10____   Township ____23S____   Range ____36E____   NMPM   LEA   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3483 GR

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 [X] 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.

LOAD HOLE WITH FIELD SALT WATER AND TEST CASING TO 500 PSI FOR 30 MINUTES.

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

SIGNATURE _____   TITLE PRODUCTION SUPERINTENDENT   DATE 12/30/97

TELEPHONE NO. 915-682-6324

TYPE OR PRINT NAME   MATT SWIERC

(This space for State Use)
CLAYTON W. WILLIAMS
DISTRICT SUPERVISOR

APPROVED BY _____   TITLE _____   DATE AUG 25 1998

CONDITIONS OF APPROVAL, IF ANY: