Subrait 3 Copies to A _P -ropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department	Form C-103 Revised 1-1-89
DISTRICT I P.C. Jox 1980, Hobbe, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT II P.O. Drawer DD, Artesia, NM 88210		WELL API NO. 30-025-11488
		5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		6. State Oil & Gas Lease No. 20157
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. Loase Name or Unit Agreement Name South Langlie JAL Unit
1. Type of Well: OIL OAS WELL WELL	oner Injection	
2. Name of Operator Bristol Resources Cor		8. Well No. 4
3. Address of Operator 6655 S. Lewis, Suite	200, Tulsa,OK 74136	9. Pool name or Wildcat Jalmat Tansill Yates Seven
4. Well Location Unit Letter I 16	50 Feet From The South Line and	East Feet From The Line
7 25S	Township 37E Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3125' GL	NMPM Lea County
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
		ALTERING CASING
	CHANGE PLANS COMMENCE DRILLING	
PULL OR ALTER CASING CASING TEST AND CEMENT JOB		IMENT JOB
OTHER:	OTHER:Casing	Test
12. Describe Proposed or Completed Operations (Clearly state all periment details, and give periment dates, including estimated date of starting any proposed work) SEE RULE 1103. RU testers 5/20/99. Tallied tubing. Started in hole with tbg & Pkr testing. Found several jts with chipped coating. RD testers-recoated ends of tbg. with plastic coating. RIH with 98 jts. of 2 3/8" plastic coated tbg to 3163.83'. Removed BOP. Flanged up well. Calculated hole with 8.6# water with pkr fluid. Set pkr with 8 pt tension. Tested backside IP @ 330#. Final pressure @ 325. Ran chart and test for 15 minutes. Test witnessed by Buddy Hall with OCD. RU down and hauled old pipe to storage yard. Job complete.		
I bereby certify that the information above is true SKONATURE ATTACK TYPE OR PRINT NAME Katherine (This space for State Use)	and complete to the best of my knowledge and belief. Production A Henshaw	Analyst 5/24/99 TELETHONE NO.
	and the second	JUN 22 1900
CONDITIONS OF APPROVAL, IF ANY:	me	

