Office Office	State of New I	Mexico		Fo	orm C-103
District I	Energy, Minerals and N	atural Resources	WELL ADVAGO		May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO.	N15.2/925	
1501 W. Grand Ave., Artesia, NM 10 OIL CONSERVATION DIVISION			30-015-34825 5. Indicate Type of Lease		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		·	FEE FEE	
District IV Santa Fe, NM 8/505		6. State Oil & Ga	s Lease No.		
1220 S. St. Francis Dr., Santa Fe, N. 87505	7				ĺ
	ES AND REPORTS ON WEL	LS	7. Lease Name or	r Unit Agreem	ent Name
(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.)		ATE S-19			
1. Type of Well: Oil Well Gas Well Other			8. Well Number	23	
2. Name of Operator	9. OGRID Numb				
COC	229137				
3. Address of Operator 550 W. Texas Ave., Suite	d, TX 79701	10. Pool name or EMPIRE ; Y		96210	
	1300 Wildian	u, 17 /9/01	EWIPIKE, I		90210
4. Well Location					
Unit Letter P :	890' feet from the South		feet from the	East	_line
Section 19	Township 17S	Range 29E	NMPM	Coun	ty EDDY
	11. Elevation (Show whether I	DR, RKB, RT, GR, etc 55' GR	(·)	100	
Pit or Below-grade Tank Application or O		33 GK	at an analysis of the second	100	HI H
	Distance from nearest fresh water v	well Distance from near	rest surface water		
	w-Grade Tank: Volume	bbls; Construction			
				~ .	<u></u>
12. Check Ap	ppropriate Box to Indicate	Nature of Notice,	, Report or Other	Data	
NOTICE OF INT	ENTION TO:	SUF	SEQUENT RE	PORT OF:	
	PLUG AND ABANDON	REMEDIAL WOR		ALTERING C	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	RILLING OPNS.	P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	NT JOB □		
OTHER:	П	OTUED.		Commi	-4: 57
13. Describe proposed or comple	ted operations (Clearly state)	OTHER:	nd give pertinent date		etion 🛛
of starting any proposed work	k). SEE RULE 1103. For Mul	ttiple Completions: A	ttach wellbore diagra	am of propose	d completion
or recompletion.	,			/&	હ્
				00 00	
8-29-06 Perf Yeso w/ 2 SPF @ 50				₹ W	RECEIVED OCD - ARTES
8-30-06 Acidize w/ 2500 gals acid. 8-31-06 Frac w/ 95,000 gals gel, 8		30 cand		1	FC.
9-01-06 Perf Yeso w/ 2 SPF @ 46	900# LiterTop, 91,360# 16/	ou sanu. cidize w/ 2500 dals :	acid	A5.77	28 1
9-02-06 Frac w/ 58,296 gals 40# g				6	11.96°
9-05-06 Perf Yeso w/ 2 SPF @ 42				150	5 87 87 1790
9-06-06 Acidize w/ 2500 gal s acid				als 40# gel.	30000
9-07-06 RIH w/ 168 jts 2-7/8" J55	tbg, SN @ 5266'. RIH w/ 2	2-1/2 x 2 x 20' pump).		
I haraby partify that the information of	over in two and annual to the	n hast of 1 1 1	d L -1! - C	,	
I hereby certify that the information abgrade tank has been/will be constructed or clean	ove is true and complete to the oxed according to NMOCD guideling	e pest of my knowledges [], a general nermit [ge and Deliel. I furthe or an (attached) altern	r certify that an ative OCD-appr	y pit or below- oved plan □
		,		50D-appi	Pann
SIGNATURE hylles	Levoid SITHE	Regulatory Ana	ılyst	DATE <u>10-</u>	<u> 15-06</u>
					00E 1010
	rds E-mail address: pedwa	ras@conchoresou	rces.com Teleph	one No. 432-	685-4340
For State Use Only				MOU	በ ፵ ኃስለድ
APPROVED BY: FOR REC	CORDS ONLY TITLE			DATE	0 7 2006
Conditions of Approval (if any):	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				