Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103		
District I	Energy, Minerals and Natural Resources			Revised May 08, 2003 WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240 District II				30-015-33055		
1301 W. Grand Ave., Artesia, NM 88210				5. Indicate Type		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	Pio Prozos Pd. Aztes NM 97410			STATE		
District IV Santa Fe, NM 8/505			6. State Oil & G	as Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505				33039		
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 1624		
1. Type of Well: Oil Well Gas Well O	ther	RE	CEIVED	8. Well Number 291		
DEC 1 9 2003			9. OGRID Numl	har		
2. Name of Operator Perenco I	LC	000	ADTECIA	218885	oei	
3. Address of Operator 6 Desta D	Prive, Suite 6800	Midla	-ARTESIA nd, TX 79705	10. Pool name of Wildcat Abo	r Wildcat	
4. Well Location					***	
Unit Letter C : 660	feet from the	North	line and 198	feet from	m the West	_line
Section 29	Township 1	6S Ra	ange 24E	NMPM	County Eddy	
	1. Elevation (Show w 3699' GR				County .	ting.
12 Check An	propriate Box to Ir	ndicate N	ature of Notice	Report or Other	Data	Coltanguage.
NOTICE OF INTE		idiodio i i	1	SEQUENT RE		
	PLUG AND ABANDON	۱ 🗆	REMEDIAL WORK		ALTERING CASING	3 🗌
TEMPORARILY ABANDON (CHANGE PLANS		COMMENCE DRI	LLING OPNS	PLUG AND ABANDONMENT	
	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ID 🔽		
OTHER:			OTHER:			
13. Describe proposed or completed of starting any proposed work) or recompletion. 12/04/03						
Well was spud at 3:30 pm 12	2/04/03.					
17-1/2" surface hole was dril 13-3/8" casing run as follows						
4 jts 13-3/8" 48# H-40 ST Pump 20 bbls FW followe Top out w/ 100 sx Class '	ed by 205 sx Class " 'C". Circulated to se	urface.		Cl2 @ 14.8 PPG.		
12/05/03	10 21.5	16 con	5			
Pressure tested annulus and	casing to 500 psi.	Held 15 r	ninutes.			
I hereby certify that the information abo	ove is true and comple	te to the be	est of my knowledge	e and belief.		
SIGNATURE Notice S. 1	M Carley	TITLE Er	ng. Tech.		_DATE_12/10/03	
Type or print name Robin S. McC	arley		······································	Teleph	one No. (432) 682-8	553
(This space for State use)	eache ali	V			OFC 10	2000
APPPROVED BY Conditions of approval, if any:	ecords onl	TITLE			DATE	