Revised March 25, 1999

State of New Mexico Form C-103 **Submit.3 Copies To Appropriate District** Energy, Minerals and Natural Resources Office DISTRICT I OIL CONSERVATION DIVISION WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 1220 South St. Francis Drive 30-045-31972 **DISTRICT II** Santa Fe, NM 87505 5. Indicate Type of Lease 1301 W. Grand Ave., Artesia, MM 87210 X FEE STATE **DISTRICT III** 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. **DISTRICT IV** 024068 1220 S. St. Francis Dr., Santa Fe, NM 87505 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR REPMIT" (FORM C 101) FOR SUCH 7. Lease Name or Unit Agreement Name

4 T CM-II-		<u>`</u>	V/6/2 250		DAN AMEDIC	AN STA	TE		
1. Type of Well:					PAN AMERICAN STATE				
OIL WELL	GAS WELL X	OTHER							
2. Name of Operat	8. Well No. #1R 9. Pool name or Wildcat								
PATINA SAN JUAN, INCORPORATED									
3. Address of Ope									
5802 HIGI	WAY 64, FARM	INGTON, NEW	MEXICO 87401		BLANCO MES	SA VERDE	/BASIN DAK	OTA	
4. Well Location									
Unit Letter	K : 1630'	_ Feet From The S	OUTH Line and	1925'	Feet From The	WES	Τ	Line	
Section	36	Township 32N	Range	13W	NMPM	SAN JU	AN		
			on (Show whether Di	R, RKB, RT,	GR, etc.)				
			5808' GR						
11.	Check App	ropriate Box to	Indicate Nature	of Notice	e, Report, or Ot	her Data			
						SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL V	VORK	PLUG AND ABANDON	' <u> </u>	REMEDIAL	WORK	ALTE	RING CASING		
TEMPORARILY ABANDO	ON O	CHANGE PLANS		COMMENC	E DRILLING OPNS.	PLUG	3 & ABANDONMEN	п 🔲	
PULL OR ALTER CASIN	G	MULTIPLE COMPLET	non nor	CASING TE	ST & CEMENT JOB	X			
	<u> </u>		一						
OTHER:			_	OTHER:					
12. Describe Prop proposed wo 3/10/2004	•	1103. For Multiple	te all pertinent details Completions: Attach om 4087' to 100'. TO	n wellbore di	agram of proposed	completion	or recompletion		
	Good bond all the w	ay to surface.							
3/11/2004	MIRU Stinger Wellho	ead isolation tool. L	oad and test 7" casin	ng and 4-1/2	" liner to 6000 psi fo	or 30 minute	s. Held OK.		
I hereby certify tha	t the information abov	re is true and compl	ete to the best of my	knowledge a	and belief.	.,			
SIGNATURE	Kay Steh	stur	TITLE	PRODUCTION	ON TECHNICIAN	DATE	26-Apr-04		
TYPE OR PRINT NAME	KAY S. EC	CKSTEIN				TELEPHONE	NO. (505) 632-8	056	
(This space for Sta	ite Use) / /	1					APR	20 20	
APPROVED BY	Chalett		7171 F	BEPUTY (	oal & Gas inspec	TOP DIET		29 200	

CONDITIONS OF APPROVAL, IF ANY: