Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised May 08, 2003
525 N. French Dr., Hobbs, NM 88240		WELL API NO		
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-045-320 5. Indicate Type	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	Strict III 1220 South St. Francis Dr.		STATE	FEE X
District IV	Santa Fe, NM 8/303		6. State Oil &	Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS 15 27 20			7. Lease Name	or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			Blancett FC	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			8. Well Number	
1. Type of Well:	18 Ann 200			er
Oil Well Gas Well X Other		2A		
2. Name of Operator			9. OGRID Number	
Maralex Resources, Inc.	Inc.		013998	
3. Address of Operator	Tamada 00 81127		10. Pool name or Wildcat Basin Fruitland Coal	
P.O. Box 338, Ignacio, CO 81137			Basin Frui	trand Coar
4. Well Editation				
Unit Letter A: 1000 feet from the North line and 780 feet from the West line				
Section 24 Township 30N Range 12W NMPM County San Juan				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
5508' GR  12. 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				
			اا	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL			LING OPNS[	PLUG AND
PULL OR ALTER CASING MULTIPLE CASING TEST AN			D	ABANDONMENT
COMPLETION				
OTHER: The Property of the Pro		OTHER:	Sn	ud Well
13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
The Blancett FC $\#$ 2A was spud to set conductor pipe on $01/22/04$ .				
I hereby certify that the information above is	true and complete to the be	st of my knowledge	and belief	
SIGNATURE Carla V. Shaw	TITLE Pro	oduction Tech	nician	DATE01/27/04
Type or print name Carla S. Shaw			Telep	phone No. 970/563-4000
(This space for State use)	/ DEPUTY	CIL & GAS INSPECT	TOB NICE	144100
APPPROVED BY		me a res majuer	nu' nizi! 🗱	JAN 28 2004
Conditions of approval, if any:	TITLE	· · · · · · · · · · · · · · · · · · ·		DAIE