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to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C 103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-09408
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	State A A/C 1
8. Well No.	51
9. Pool name or Wildcat	Langlie Mattix 7 Rvrs Qn GB
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

**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.)

1. Type of Well:  
Oil Well  Gas Well  OTHER

2. Name of Operator  
*Raptor Resources, Inc*

3. Address of Operator  
*901 Rio Grande, Austin, Tx 78701*

4. Well Location  
Unit Letter *MN* 660 Feet From The South Line and 1980 Feet From The West Line  
Section 24 Township 23S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. 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.

Raptor Resources plans to Temporarily Abandon the above listed well with the following procedure.

1. Set CIBP at 100' +/- above the top perf at 3508.
2. Test the casing to 500# and cut a pressuer chart.
3. Notify the NMOCD 24 hrs prior to conduction the test.



12. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Bill R. Keathly* TITLE Agent For Raptor Resources DATE 11/18/03

TYPE OR PRINT NAME Bill R. Keathly TELEPHONE NO. 432-697-1609

(this space for State Use)

APPROVED BY *Larry W. Wink* NOV 21 2003

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_ TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER