Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 OIL CONSERVATION DIVISION 30-025-28827 District II 2040 South Pacheco 811 South First, Artesia, NM 87210 5. Indicate Type of Lease Santa Fe, NM 87505 District III STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 State Oil & Gas Lease No. District IV 2040 South Pacheco, Santa Fe, NM 87505 L-6680 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement 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 Superior "A" State PROPOSALS.) 1. Type of Well: **SWD** Oil Well Gas Well Other 8. Well No. Name of Operator Fasken Oil and Ranch, Ltd. 9. Pool name or Wildcat Address of Operator SWD San Andres 303 W. Wall Ave., Suite 1800, Midland, TX 79701-5116 Well Location Unit Letter N : feet from the ____ south ___ line and ___ 660 1980 feet from the west NMPM Lea County Section Township 15S Range 35E 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. **PLUG AND** ABANDONMENT CASING TEST AND **MULTIPLE PULL OR ALTER CASING CEMENT JOB** COMPLETION OTHER: OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. Rig up pulling unit and pull out of well with tubing. Run in well with CIBP to 5800'. Dump 35' of cement on top of CIBP with dump bailer. Rig up pump truck and test casing and plug to 500 psi for 30 minutes. Report results to OCD. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Regulatory Affairs Coordinator DATE 5/31/02 Jimmy D. Carlile Telephone No. (915) 687-1777 Type or print name (This space for State use) <u>Jun 0 5 2002</u> ORIGINAL SIGNED BY APPPROVED BY Conditions of approval, if any:

OC FIELD REPRESENTATIVE ILISTAFF MANAGER