

Submit 3 Copies To Appropriate District

Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural ResourcesOIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 3002501337
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>INJECTION</u>		5. Indicate Type of Lease STATE <input type="checkbox"/> FREE <input checked="" type="checkbox"/>
2. Name of Operator <u>RETROTRAN CORPORATION</u> <u>Agua Inc</u>		6. State Oil & Gas Lease No.
3. Address of Operator P. O. BOX 92090, PASADENA, CA 91109-2090		7. Lease Name or Unit Agreement Name: CORBIN ABO <del>#031</del>
4. Well Location Unit Letter <u>G</u> : 1980 feet from the <u>NORTH</u> line and 1980 feet from the <u>EAST</u> line Section <u>31</u> Township <u>17S</u> Range <u>33E</u> NMPM County <u>LEA</u>		8. Well No. <u>3-31</u>
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat SWD; SAN ANDRES

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <u>PRESSURE TEST</u> <input checked="" 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

TUBING AND CASING PRESSURES WERE CHECKED. WITNESSED BY NMOC D REP.  
 GARY WINK, DISTRICT I, JUNE 26, 2001.

CASING: 1300#  
 TUBING: 1020#

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

SIGNATURE Robert W. Abbott TITLE MGR DATE 6-26-01

Type or print name ROBERT W. ABBOTT  
 (This space for State use)

Telephone No. 800.337.5730

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 08 2001  
 Conditions of approval, if any: