

Submit 3 Copies to Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 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 Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-30046
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 GRAMA RIDGE "8" STATE
8. Well Number 1
9. OGRID Number 003474
10. Pool name or Wildcat GRAMA RIDGE MORROW

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
C. W. TRAINER

3. Address of Operator c/o Oil Reports & Gas Services, Inc.
1008 W. BROADWAY, HOBBS, NM 88240

4. Well Location
Unit Letter H : 1980 feet from the NORTH line and 660 feet from the EAST line
Section 8 Township 22S Range 34E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3566.9 GR

Pit or Below-grade Tank Application or Closure

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

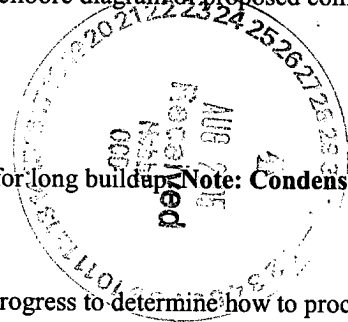
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	

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.

06/24/05-06/30/05 MI Weatherford Underbalance, blew 785 bbls brine wtr.
07/01/05 SITP 750 psi. Opened to tank but no flow-30' flare. Bled down.
07/05/05-07/06/05 Pumped 110 bbls condensate down tbg, displacing salt wtr in annulus. SI for long buildup. **Note: Condensate is Morrow, it was recovered from pit during re-entry.**
07/11/05 Blew well but no flow.
07/15/05-07/19/05 Swabbed 477 BW & 69 BO. Fluid level @ 5760'. Shut well in.
08/06/05-08/15/05 ARC Pressure ran 4 Point Test. Well SI w/800 psi & soap. Evaluation in progress to determine how to proceed with this well.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE Gaye Heard TITLE _____ Agent DATE 08/23/05

Type or print name Gaye Heard E-mail address: oilreportsinc@oilreportsinc.com Telephone No. 505-393-2727
For State Use Only

APPROVED BY: [Signature] TITLE PETROLEUM ENGINEER DATE OCT 03 2005
 Conditions of Approval (if any): _____