

Submit 3 Copies
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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-08791

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
024671

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.)

7. Lease Name or Unit Agreement Name

State A A/C 2

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.

2

2. Name of Operator
Raptor Resources, Inc.

9. Pool name or Wildcat

Eunice 7R Queen South

3. Address of Operator
901 Rio Grande Austin TX 78701

4. Well Location
Unit Letter L : 660 Feet From The West Line and 1980 Feet From The South Line

Section 5 Township 22S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
DF 3602'

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER:

PLUG AND ABANDON
CHANGE PLANS

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER:

ALTERING CASING
PLUG AND ABANDONMENT

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.

Estimated start date: 10-25-99

1. Load casing with 2%KCL water and corrosion inhibitor.
(CIBP set @ 3550' w/35' cement)
2. Pressure test casing surface to 3550' 500# for 30 minutes.
(Record test on chart for OCD subsequent report)
3. Temporarily abandon wellbore for future use.

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

SIGNATURE Joel Sisk TITLE Production Foreman DATE 10/8/99

TYPE OR PRINT NAME Joel Sisk TELEPHONE NO. 505 394-2574

(This space for State Use) ORIGINAL SIGNATURE
GARY WINK
FIELD SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 12 1999

CONDITIONS OF APPROVAL, IF ANY:

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C