Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103			
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			Revised May 08, 2003 WELL API NO.			
District II	OIL CONSERVATION DIVISION			30-037-20057			
1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u>	1220 South St. Francis Dr.			5. Indicate Type of Lease STATE FEE			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			6. State Oil & C			
1220 S. St. Francis Dr., Santa Fe, NM							
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Lease Name or Unit Agreement Name			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH					RANDALS		
PROPOSALS.) 1. Type of Well:				8. Well Number			
Oil Well Gas Well Other				7			
2. Name of Operator  CKG ENERGY				9. OGRID Number 221076			
3. Address of Operator				9. Pool name or Wildcat			
PO BOX 1065 TUCUMCARI, NM. 88401 4. Well Location					WILDCAT		
4. Wen Location							
Unit Letter F : 1950' feet from the NORTH line and 1950' feet from the WEST line							
Section 29	Township	10N	Range 27E	NMPM	QUAY County		
	10. Elevation (Show wi			:.)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
NOTICE OF IN	* * *	uicate iv		SEQUENT RI			
	PLUG AND ABANDON		REMEDIAL WOR		ALTERING CASING	3 □	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE		CASING TEST A	, E, a de Carrer			
	COMPLETION	_	CEMENT JOB				
OTHER:				NGE OF OPERAT		X	
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							
-					32635		
CKG ENERGY IS SOLE O	PED ATOD LINIDED NEV	W MEYI	^^ DI LIGGING RO	מאס			
CKG ENERGY IS SOLE OPERATOR UNDER NEW MEXICO PLUGGING BOND							
-7							
I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
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SIGNATURE ///		TITLE	AGENT	D	ATE07-21-03		
Type or print name MIKE VOWEI	<u>r()</u>			Telephone N	No. (505) 365-7682		
(This space for State (use)					/ /		
APPPROVED BY GO JOHN TITLE DISTRICT SUPERVISOR DATE 7/28/03							
Conditions of approval, if any:				t to the total or	, ,		
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