

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 Bravo Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
Revised May 08, 2003

WELL API NO. 30-015-10169
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 19127
7. Lease Name or Unit Agreement Name SHUGART
8. Well Number 7
9. OGRID Number 020451
10. Pool name or Wildcat SHUGART (Q, 7R, Y)

SUNDY 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator MOMENTUM OPERATING CO., INC.	
3. Address of Operator PO BOX 578 ALBANY, TX 76430	
4. Well Location Unit Letter <u>1</u> : <u>990</u> feet from the <u>N</u> line and <u>890</u> feet from the <u>N</u> line Section <u>30</u> Township <u>18</u> Range <u>31</u> NMPM EDDY County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: 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"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input checked="" 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: <input 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

PERFORATE SQUEEZE HOLES AT 3015-16. PUMP 100 SACKS OF CEMENT. TOP OF CEMENT 1950'. PERFORATE QUEEN 2323-2566. ACIDIZE WITH 3500 GAL. OF NEFE AND 130 BBLs. KCL. FRAC WITH 400 POUNDS OF 16/30 SAND. SWAB TESTED. PLACED WELL ON PUMP. INSTALL PUMPING UNIT. PLACE WELL INTO PRODUCTION. 3 BPD OIL AND 10 BPD H₂O. NO GAS.

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

SIGNATURE Bob Tidwell TITLE PARTNER DATE 3-29-04

Type or print name BOB TIDWELL Telephone No. (325) 762-3331
(This space for State use)

APPROVED BY _____ TITLE _____ DATE APR 2 2004

Conditions of approval, if any:

Accepted for record - NMPM