Submit 3 Copies To Appropriate District Office	Office			Form C-103	
District I Energy, Minerals and Natural Resources			Revised May 08, 2003 WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240 District II			DIVIGIONI	30-015-01737	
1301 W. Grand Ave., Artesia, NM 88210 UIL CONSERVATION DIVISION				5. Indicate Type of Lease	
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410				STATE X FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & G	as Lease No.	
87505				E-647	
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				DAD STATE	
PROPOSALS.) 1. Type of Well:				8. Well Number	
Oil Well 😿 Gas Well 🗌 Other			RECEIVED	34	
2. Name of Operator			JUL 2 0 2004	9. OGRID Number	
MADROR ENERCY CORPORATION				14049	
3. Hadrobs of operator			RIESIA-ARTESIA	10. Pool name or Wildcat	
PO BOX 227, ARTESIA, NM 88211-0227				EMPIRE;	ABO
4. Well Location					
Unit Letter A : 660 feet from the NORTH line and 660 feet from the EAST line					
Section 35	Township 17	S Ra	ange 28E	NMPM	County EDDY
11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
3685' GL					
	ppropriate Box to Indi	cate N	· ·	•	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK					
<u></u>					ALTERING CASING
TEMPORARILY ABANDON		_ _	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	√ D □	
OTHER:			OTHER:		
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.					
D STATE 34 HAS BEEN CHANGED TO DAD STATE #34. RECOMPLETION OF THIS WELL WILL BE DONE BY 9/15/04. RECOMPLETION HAS NOT ALREADY BEEN DONE, WAITING ON BATTERY COMPLETION. WELL SHOULD BE ON PRODUCTION BEFORE 9/15/04. COMPLETION WILL BE IN YESO AND/OR SAN ANDRES FORMATION.					
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE Value	TI	TLE_ <u>I</u>	PRODUCTION AN	ALYST	DATE 7/19/04
Type or print name / CAIRENE D	. SMITH			Telepl	hone No. 505–748–3303
(This space for State use). APPPROVED BY Development of Approval, if any:	TIN TIN	LE	DFI		DATE 101 2 3 2004
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