Submit 3 Copies To Appropriate District 2 3 4 56 State of New Mexico	5 Form C-103
District I Pistrict I Pinergy Minerals and Natural Resources	Revised March 25, 1999 WELL API NO.
701 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30-015-26418
District II 1301 W. Grand Ave., Artesis NM Opposition District III 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Azted AM 87410	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Festim	6. State Oil & Gas Lease No.
87505	NM0556290
SUNDRY COUCES 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 PROPOSALS.)	
1. Type of Well:	Gila Federal #1
Oil Well Gas Well Other	
2. Name of Operator J. C. Williamson	8. Well No. #1
3. Address of Operator P.O.Box 16, Midland, TX 79702	9. Pool name or Wildcat East Burton-Delaware
4. Well Location	
Unit Letter "M" : 660 feet from the FS line and 660' feet from the FW line	
10	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3286 GR	
11. Check Appropriate Box to Indicate Nature of Notice NOTICE OF INTENTION TO:	
PERFORM REMEDIAL WORK DEPUT PLUG AND ABANDON REMEDIAL W	UBSEQUENT REPORT OF: ORK
TEMPORARILY ABANDON	DRILLING OPNS. PLUG AND
PULL OR ALTER CASING	ABANDONMENT
COMPLETION CEMENT JOE	
OTHER: Work Over	
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. For Multiple Completions: Attach wellbore diagram of proposed completion or	
recompletion.	
Gila Federal No. 1 - Preposed Perfs. and treatment	
4857, 58,63,65,70,95, 97, 4930, 35, 61, 72, 78, 98, 5000, 02, 04, 07, 09, 78, 81, 93, 95, 5120, 24, 26, 27, 38, 40, 56, 60, 5185, 87, 90.	
33 perfs @ 2spf - A/4000 gal/ KCL F/30000 gal	. 75000 lbso
Estimated starting date is March 7, 2003 and duration of five (5) days.	
	LIVE (3) days.
Bond number - B05679	
	15 6 20 W
	Secret District Control of the Contr
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TO THE Agent	DATE 04-02-03
Type or print name ((This space for State use)	Telephone No. (915)682-17
// Jan W. Sum	
APPPROVED BY V TITLE	DATE APR 9 2863
Conditions of approval, if any:	