Submit 3 Copies To Appropriate District 22 23 24 25 26 State of New Mexico	F C 102
Office 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Form C-103 Revised May 08, 2003
1625 N. French Dr., Hobbs, NM 68240	WELL API NO. 30-015-32324
District II 1301 W. Grand Ave., Artesia, RECEIVED 1320 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 UCD - ARTESIA South St. Francis Dr.	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, No. 2018 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)	DUKE AGI
1. Type of Well: Oil Well Gas Well Other Class II Injection	8. Well Number 1
2. Name of Operator DUKE ENERGY FIELD SERVICES, LP	9. OGRID Number 36785
3. Address of Operator 3300 NORTH A STREET, BLDG 7, MIDLAND, TX 79705	10. Pool name or Wildcat DEVONIAN
4. Well Location	
Unit Letter 0 : 1232 feet from the SOUTH line and 1927 feet from the EAST line	
Section 7 Township 18S Range 28E	NMPM EDDY County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3611 GL	
12. Check Appropriate Box to Indicate Nature of Notice,	-
NOTICE OF INTENTION TO: SUBS	SEQUENT REPORT OF:  K ALTERING CASING
TEMPORARILY ABANDON	LLING OPNS PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE CASING TEST AN CEMENT JOB	
OTHER: OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated dat of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
DUKE ENERGY FIELD SERVICES, LP RAN 4200 FEET OF 9 5/8" 40 PPF INTERMEDIATE CASING ON AUGUST 24, 2002. CEMENTED CASING WITH 825 SX CLASS "C" LEAD AND 200 SX CLASS "C" TAIL. FULL RETURNS TO SURFACE THROUGHOUT JOB. PRESSURE TESTED CASING TO 1500 PSI. CASING TESTS OK. V. BURTON, NMOCD, NOTIFIED AT 1500 HOURS ON AUGUST 22, 2002.	
	11.11.6
I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE  TITLE SR. ENV. SPECIALI	
Type or print name KARIN CHAR	Telephone No. (303) 605-1717
(This space for State use)	
APPLOVED BY FOR RECORDS ONLYITLE	DATEDATE
Conditions of approval, if any:	