Submit 3 Copies To Appropriate District Office State of New Mexic	co Form C-103
Office District I 1625 N. French Dr., Hobbs, AM 88240 Exerctly, Manerals and Natural	
	70 25-10194
District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1301 V. Grand Ave., Artesia, NM 88210 1220 South St. Franci	5. Indicate Type of Lease S Dr. STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa OLLING CNSERVATI Santa Fe, NM 8750 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)	SUCH Atlantic
1. Type of Well:	8. Well Number
Oil Well Gas Well Other	9. OGRID Number
2. Name of Operator H. Dwane Partish JR	9. OSKID Number
3 Address of Operator	10. Pool name or Wildcat
4. Well Location	18 M Depen Greyburg Ston Andri
Unit Letter 0:330 feet from the 5 line and 1650 feet from the Ex-st line	
Section 11 Township 175 Rang	e 28 & NMPM County Eddy
Company of the Compan	KB, RT, GR, etc.)
12. Check Appropriate Box to Indicate Nat	ure of Notice, Report or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON F	REMEDIAL WORK
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
COMPLETION	CASING TEST AND
OTHER: Commingle 2 well in some trut &	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.	
were intention is to produce both the Atlantic St 1+2 into	
one tank. The #1 is TD At 2015 por is -Q GB, SA.	
The #2 is 700 feet and the pool is (Kid Take Seven Kives)	
These 2 wells have some JeAse number And All interests IN well	
in cluding overliding interest are the same, old Truk will be	
clean out + Removed. Pit closur will be recording to	
OCD instruction	
	6
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE O	WNER DATE 10-8-03
Type or print name / + Dwane Parrish JR Telephone No. 746 4651	
APPPROVED BY THE ENGINEER NANCOSSILE DATE 12/11/03 Conditions of approval if any	
APPPROVED BY TITLE Engineer NVADCD SeleTE DATE 12/11/03	
Conditions of approval, if any:	

RECEIVED