

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

CIST
Op

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-005-63348
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	25891
7. Lease Name or Unit Agreement Name	Willow Spring "33" State
8. Well No.	3
9. Pool name or Wildcat	Pecos Slope Abo

SUNDRY 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 GAS WELL OTHER

2. Name of Operator
Reliance Energy, Inc.

3. Address of Operator
P.O. Box 10946

4. Well Location
 Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line
 Section 33 Township 4S Range 25E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3845' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: _____ <input type="checkbox"/>

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.

05-23-01 Perf'd Abo Sand 3714-24' (20 holes
Acidized w/ 1500 gals 7-1/2% MCA.

6-1-01 Perf'd Abo Sand 3612-22 (20 Holes)



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

SIGNATURE Peggy Abernathy TITLE Agent DATE 7/20/2001
 TYPE OR PRINT NAME Peggy Abernathy TELEPHONE NO. 683-4816

(This space for State Use)

APPROVED BY [Signature] TITLE _____ DATE _____

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

AUG 07 2001

CONDITIONS OF APPROVAL, IF ANY: