Office State of INCW INTEXTOR	roim C-105
District I Energy, Minerals and Natural Res	sources May 27, 2004
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II 1301 W. Grand Ave. Artesia, NM 88210 OIL CONSERVATION DIVIS	SION 30-045-22775
1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505	STATE FEE
<u>District ()</u>	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	NM-03605A
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	C TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	SNODGRASS
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Cother	8. Well Number
1. Type of Well: Oil Well Gas Well Other 2. Name of Operator,	9. OGRID Number
WESTERN MINERALS & DIL, LLC	9. OGRID Number
3. Address of Operator	10. Pool name or Wildcat
5. Address of Operator 1220 Factorial Alm 67	
	1499 CHACRA
4. Well Location	1530 111-0-
Unit Letter K: 1660 feet from the SOUTH line and 1530 feet from the WEST line	
Section 24 Township 27 N Range & W NMPM County SAN JUAN	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
6653 81	
Pit or Below-grade Tank Application □ or Closure □	
Pit type PROD Depth to Groundwater 55 Distance from nearest fresh water well 1000 Distance from nearest surface water 3274	
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB	
$\alpha = \frac{1}{2} $	
OTHER: PERMIT EARTHEN PROD FIT DO OTHER	₹: 🗍
13. Describe proposed or completed operations. (Clearly state all pertinent	
of starting any proposed work). SEE RULE 1103. For Multiple Compl	
or recompletion.	
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INTEND TO CLOSE IN 2 Nd QUARTER OF 2005.	
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	The state of the s
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I hereby certify that the information above is true and complete to the best of my	knowledge and helief. I further certify that any nit or helow
grade tank has been/will be constructed or closed according to Ny10CD guidelines , a genera	l permit or an (attached) alternative OCD-approved plan .
	4 3/.12
SIGNATURE TITLE Uge	DATE 4/28/05
Thenas I Sairi	505
Type or print name THOMAS J. SMITH E-mail address:	Telephone No. 327-9395
For State Use Only	As a m
ADDDOVED BY: A THAT THE PARTY OF THE PARTY O	GAS INSPECTOR, DIST. & MAR -1 2005
Conditions of Approval (if any):	