Submit 3 Copies To Appropriate District	State of Nev	v Mexico	Form C-1/03
Office District I	Energy, Minerals and Natural Resources		Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
District II	OIL CONCEDIVATION DIVISION		30-045-30993
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410			STATE X FEE
District IV	Santa Fe, N	M 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM			
87505 SUNDRY NOTE	CES AND REPORTS ON X	# 16 11 7 1 ×	7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFEND OF PLUG BACK TO M			Ropco 16
DIFFERENT RESERVOIR. USE "APPLIC	ATION FOR PERMIT" (FORM C-	101) FOR STIGH	Ropeo To
PROPOSALS.)		DOC 200 5	
1. Type of Well:	. R O	(\$000 o)	
Oil Well Gas Well X	Other		5 W 113
2. Name of Operator	(E.J.	ω_{0} , ω_{0} , ω_{0}	7. Well No.
Richardson Operating Company		(4)	2
3. Address of Operator	37.65401		9. Pool name or Wildcat
3100 La Plata Highway Farmingto	n, NM 8/401	29/9/H S 200	Basin Fruitland Coal & Twin Mounds PC
4. Well Location			
Heit Letter C	1196 foot from the N	outh line and 12	02 fact from the West line
Unit Letter C :	1186 feet from theN	orth line and13	92feet from theWestline
Section 16	Township 29N	Range 14W	NMPM County San Juan
Section 10			
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 5210' GR			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	K ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DD	ILLING OPNS. PLUG AND
TEMPORARIET ABANDON [CHANGE PLANS	COMMENCE DR	ABANDONMENT
PULL OR ALTER CASING	MULTIPLE [CASING TEST A	
_	COMPLETION	CEMENT JOB	
OTHER:		OTHER: Producti	on Start Up and First Delivery
12 Describe assessed as a secondary	dtions (Classic state of		4: 4 4 4 5 1 1 1 1 4 6
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			
recompilation.			
This well was first produced and delivered on 9/27/03.			
This won was that produced and denvered on 7/2/103.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
Thereby certify that the information above is true and complete to the best of my knowledge and benefit.			
SIGNATURE	TITI	LE_Operations Manage	rDATE_11/19/03_
	****	DD_Operations Manage	
Type or print name Drew Carnes			Telephone No. 505-564-3100
(This space for State use)	4		Ph
	<i>t</i> //	DEPUTY OH	SPECTOR, DIST ## DATE DEC - 1 2003
APPPROVED BY	TITL	E	SPECTOR, DIST, 41 DATE 2003
Conditions of approval, if any:			