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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office

DISTRICT I

## P.O. Box 2088

| OIL | CONSER | VATION | DIVISION |
|-----|--------|--------|----------|
|-----|--------|--------|----------|

| P.O. Box 1980, Hobbs, NM | 88240 |
|--------------------------|-------|
| DISTRICT II              |       |

Santa Fe, New Mexico 87504-2088

WELL API NO. 30-039-24529

| P.O. Drawer DD, Artesia, NM 88210   | 5. Indicate Type of Lease  |  |  |  |  |
|---|--|--|--|--|--|
| DISTRICT III  | STATE FEE X  |  |  |  |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410  | 6. State Oil & Gas Lease No.   |  |  |  |  |
|   |  |  |  |  |  |
| SUNDRY NOTICES AND REPORTS ON WELLS   | The state of the s |  |  |  |  |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR  | PLUG BACK TO A 7. Lease Name or Unit Agreement Name  |  |  |  |  |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERM  | AIT"   |  |  |  |  |
| (FORM C-101) FOR SUCH PROPOSALS.)   | Evans  |  |  |  |  |
| 1. Type of Well OIL GAS   |  |  |  |  |  |
| WELL X WELL OTHER:  |  |  |  |  |  |
| 2. Name of Operator   | 8. Well No.  |  |  |  |  |
| Central Resources, Inc. for Giant Exploration & Produ   |  |  |  |  |  |
| 3. Address of Operator  | 9. Pool name or Wildcat  |  |  |  |  |
| P.O. Box 2810, Farmington, New Mexico 87499   | Gavilan Mancos   |  |  |  |  |
| 4. Well Location  |  |  |  |  |  |
| Unit Letter D : 790 Feet from the North   | Line and Feet from The West Line   |  |  |  |  |
|   | 2W NMPM Rio Arriba County  |  |  |  |  |
|   | hether DF, RKB, RT, GR, etc.) 5' GLE   |  |  |  |  |
| 11. 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. PLUG AND ABANDONMENT   |  |  |  |  |
| PULL OR ALTER CASING  | CASING TEST AND CEMENT JOB   |  |  |  |  |
| OTHER:  | OTHER: Acid job X  |  |  |  |  |
| 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.

The existing perforations on the subject well were acidized with 3000 gallons of 15% HCl on 2/24/97. The well was then returned to production.

| I hearby certify that the information above is true and complete to the best of my know | wledge and | d belief.                               |                 |  |
|---|------------|---|-----------------|--|
| SIGNATURE MUJLY A WILL  | TITLE      | Production Engineer DA                  | March 20, 1997  |  |
| TYPE OR PRINT NAME Gregory E. McIntosh  |            | TELEPHONE NO                            | (505)326-3325   |  |
| (This space for State Use) APPROVED BY  ROLLINSON                                       | TITLE      | DEPUTY OIL & GAS INSPECTOR, DIST. #3 DA | me MAR 2 1 1997 |  |