

Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 May 27, 2004

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30-041-10167
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Todd Lwr San Andres Unit
8. Well Number 366
9. OGRID Number 227001
10. Pool name or Wildcat Todd Lwr San Andres

**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  
Latigo Petroleum, Inc.

3. Address of Operator  
550 W. Texas, Ste. 700 Midland, TX 79701

4. Well Location  
 Unit Letter F : 1980 feet from the North line and 1980 feet from the West line  
 Section 36 Township 7S Range 35E NMPM County Roosevelt

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4171'

Pit or Below-grade Tank Application  or Closure

Pit type steel Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

8/4/05 Set 4-1/2" CIBP @ 4091', cap w/ 35' cmt.  
 8/5/05 Circ hole w/ 70 bbls MLF, test csg. to 500#, OK.  
 8/5/05 Perforate @ 2250', set pkr. @ 1793', pressure up on perms, could not pump into, spot 25 sx. cmt. @ 2300' - 1922', WOC & tag @ 1929'.  
 8/8/05 Perforate @ 370', set pkr. @ 157', sqz. 50 sx. cmt., displace to 315', WOC & tag @ 312'.  
 8/8/05 Spot 10 sx. cmt. @ 100' to surface.  
 8/8/05 RDMO. Cut off wellhead & anchors, install dry hole marker, and clean location.

Approved as to plugging of the Well Bore.  
 Liability under bond is retained until  
 surface restoration is completed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit  or an (attached) alternative OCD-approved plan .

SIGNATURE Roger Massey TITLE ORGANIZATION DESIGNED BY DATE 8/8/05  
 Type or print name Roger Massey  
 For State Use Only  
 APPROVED BY: Gary W. Wink TITLE REPRESENTATIVE II/STAFF MANAGER DATE 25 2005  
 Conditions of Approval (if any):  
 E-mail Address: \_\_\_\_\_ Telephone No. (432) 530-0907  
 AUG 25 2005