

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

May 27, 2004

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

WELL API NO. 30-025-0/318

5. Indicate Type of Lease  
 STATE  FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
Aztec State

8. Well Number 3

9. OGRID Number  
227001

10. Pool name or Wildcat  
Maljamar, GB & SA

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  
P.O.Box 10304, Midland, Texas 79702

4. Well Location  
 Unit Letter N : 330 feet from the South line and 1650 feet from the West line  
 Section 8 Township 17S Range 33E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4,220' GR

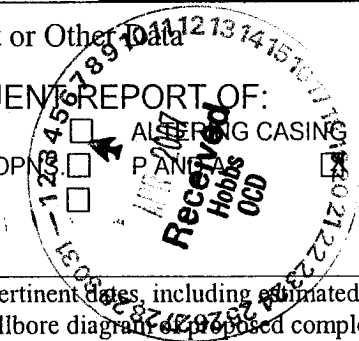
Pit or Below-grade Tank Application  or Closure

Pit type Steel Depth to Groundwater 173 Distance from nearest fresh water well 1000 Distance from nearest surface water 7100'

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

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

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

- Informed OCD of Move In. Rig up equipment.
- TIH w/ Bit & Scraper to 4150', Maxey Brown, OCD, Ok'd to set C.I.B.P. at 4150'.
- Circulated hole w/ Salt Gel mud, spot 25 sx cement on C.I.B.P. at 4150'. Calculated TOC 3898'.
- Perforated Csg. at 3100', set Packer at 2800', sqz 40 sx cement. Displaced TOC to 3000', SI 1600 PSI.
- Tag cement at 2950', POOH. Perforated Csg. at 1500'. Set Packer at 1200', sqz. 40 sx cement. Displaced to 1400', SI 450 PSI.
- Tag cement at 1375'. Perforate Csg. at 420', 150 sx of cmt dow 5 1/2" up 8 5/8" to Surface. POOH w/ Packer, cut off well 4' below ground level. Maxey Brow, OCD, Ok'd to leave 8 5/8" Head as long as well stayed full. Fill well w/ 15 sx, 30' to Surface.
- Set Dry Hole Marker.

3/14/2007

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 [Signature] TITLE Agent DATE 3/14/07

Type or print name Liability under bond is retained until E-mail address: Telephone No.  
 For State Use Only surface restoration is completed.

APPROVED BY: [Signature] DATE APR 09 2007  
 Conditions of Approval (if any): OCD FIELD REPRESENTATIVE II/STAFF MANAGER