Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-025-07327
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE S
bistrict IV Santa Fe, NIVI 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			
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.)			7. Lease Name or Unit Agreement Name:
1. Type of Well: Oil Well Gas Well \(\overline{X} \) Other SWD			FOREST A
2. Name of Operator			8. Well No.
AVRA OIL COMPANY			1
3. Address of Operator			9. Pool name or Wildcat
P.O. BOX 3193, MIDLAND, TX 79705 4. Well Location			BISHOP CANYON QUEEN
Unit Letter A : 990 feet from the NORTH line and 330 feet from the EAST line			
Section 11	Township 18S	Range 38E	NMPM County LEA
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3651 GR			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INT	PENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	K ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A	
OTHER:	П	OTHER: PLU	IG BACK XX
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.			
3-5-04 Installed BOP set a CIBP @ 4200%. Perforated Queen from 4103'-4129'. 3-6-04 Acidized perfs. 4103-4129' with 1000 gals of 15% HCL acid, swabbed dry 3-8-04 TP 0 PSI, swabbed 3 times. Swabbed dry.			
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE aud a	Jhahl TITLE	PRESIDENT	DATE 3-19-04
Type or print name SAEED AFG	HAHI		Telephone No. 432-682-4866
(This space for State use)			
APPPROVED BY Lary 1 Conditions of approval, if any:	Wind of THE	d representative	MAR 2 3 2004
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