

Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, 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

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

Form C-103  
Revised March 25, 1999

<b>WELL API NO.</b> 30-053-20017	
<b>5. Indicate Type of Lease</b> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
<b>6. State Oil &amp; Gas Lease No.</b>	
<b>7. Lease Name or Unit Agreement Name:</b>  NAT	
<b>8. Well No.</b> #1	
<b>9. Pool name or Wildcat</b> WILDCAT	
<b>4. Well Location</b> Unit Letter <u>N</u> : <u>660</u> feet from the <u>SOUTH</u> line and <u>2310</u> feet from the <u>WEST</u> line Section <u>22</u> Township <u>4N</u> Range <u>1E</u> NMPM County <u>Socorro</u>	
<b>10. Elevation (Show whether DR, RKB, RT, GR, etc.)</b>	

11. 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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: FRAC JOB <input checked="" type="checkbox"/>	

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 recompletion.

Frac Perfs 11,937 - 12,099 w/ 39,000# 20/40 Resin Coated Sand and 274,000 SCF N<sup>2</sup> Treating PSI 4900# Well Screened out and 6100#, 40% of Sand in Formation.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Nathan Twining TITLE President DATE 4/30/03

Type or print name Nathan A Twining Telephone No. (505) 856-2238  
(This space for State use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 5/5/03  
Conditions of approval, if any: