Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103	
District I 625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.	
District II	OIL CONSERVATION DIVISION		30-037-20052	
1301 W. Grand Ave., Artesia, NM 88210	· ·		5. Indicate Type	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	Description Del Artes NIM 97410		STATE	FEE 4
District IV 1220 S. St. Francis Dr., Santa Fe, NM 27605		6. State Oil & C	ias Lease No.	
87505 SUNDRY NOTI	ICES AND REPORTS ON WELL	S	7. Lease Name or	Unit Agreement Name:
(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			ANNA KATHERYN	
PROPOSALS.)			77707001 10111	il Cay
1. Type of Well:				
Oil Well Gas Well Other 2. Name of Operator			8. Well No.	
CKG EVERGY			0. Walle.	
3. Address of Operator PO BOX 1065 TUCUMCARI, WM			9. Pool name or Wildca	
4. Well Location				
Unit Letter / : 660 feet from the NOTH line and 600' feet from the WEST line				
Section 30 Township /ON Range 275 NMPM QUAY County				
10. Elevation (Show whether DR, RKB, RT, GR, etc.)				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
			SEQUENT REI	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		
OTHER:		OTHER: PERFO	RATE & ACIDI	z <i>e</i>
 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. 				
01-03-03				
RIGUP PERFORATERS & PERF From 6998' to 7052'- 27' TOTAL - TIH W/PKR SPOT 2 Bbls				
ACD QUER PERFS SET PAR @ 6902' & ACIDIZE W/2500 CALS 259411 ALIC TREATING OST /750"				
@ SBPM - ISIP 640"- 15 min 597 - SWAB WELL DVY IN 4 RUNS - OUS! "O" PSI - PIEP TO MODE UP HILE				
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE TITLE AGENT DATE 04-02-03				
Type or print name Mike Vo				
Telephone No. (This space for State use)				
APPPROVED BY 12 Nothing TITLE DISTRICT SUPERVISOR DATE 4/4/03				
Conditions of approval, if any:				
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