Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District 1 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	Revised June 10, 2003
District II	OIL CONSERVATION DIVISION		30-015-	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type ( STATE [	of Lease FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM 87505		5. State Oil & Ga	
1220 S. St. Francis Dr., Santa Fe, NM 87505	s Dr., Santa Fe, NM			
SUNDRY NOTI	CES AND REPORTS ON WELLS		7. Lease Name of	r Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSE DIFFERENT RESERVOIR. USE "APPLIC			Arcia Ma	Jan 11 -: 4
PROPOSALS.) 1. Type of Well:			Artesia Metex Unit 8. Well Number	
Oil Well Gas Well	Other		38	
2. Name of Operator			9. OGRID Numb	er
ERS RESOURCES LLC			10. Pool name or Wildcat	
3. Address of Operator PO Box 958 Carlsbad, NM 88201 C			Tane Or Or Loo	•
4. Well Location				
Unit Letter F: 3310 feet from the N line and 3310 feet from the Line				
		_	NMPM	County EDD9
Section 25	Township 185 Ra 11. Elevation (Show whether DR		NMPM	County 217157
12. Check A NOTICE OF IN	Appropriate Box to Indicate N		eport or Other EQUENT RE	
PERFORM REMEDIAL WORK		REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS	PLUG AND
				ABANDONMENT
PULL OR ALTER CASING	MULTIPLE  COMPLETION	CASING TEST AND CEMENT JOB	) [	
OTHER:		OTHER:		
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.				
of recompletion.				
, produt la mottod pot, group + abor la HOOP				
9				
POOH w/ tubing, clean out fill w/ bulldog bailer,				
put well an production on 11-20-03.				
I hereby certify that the information	shove is true and complete to the	sest of my knowledge	and helief	
Thereby certify that the information	above is true and complete to the			
SIGNATURE POUR	nigan TITLE_	OMHER	Α	_DAT <b>\$-5-04</b>
Type or print name Roy Ho	niggh E-mail a	ddress:		elephone No. 505-3/4-339
(This space for State use)		SWO F	AN E	MAY 1 2004
APPPROVED BY	TITLE_			DATE
Conditions of approval, if any:				