Energy, Minerals and Natural Resources   May 27, 2004
District II   301 W. Grand Ave., Artesis, NM 88210   District III   1220 South St. Francis Dr.   Santa Fe, NM 87505   S. Indicate Type of Lease STATE
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1220 South St. Francis Dr.   STATE   FEE
Santa Fe, NM 87505  Santa Fe, NM 87505  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  RECEIVED  2. Name of Operator  Echo Production, Inc.  3. Address of Operator  Fo Box 1210, Graham, TX 76450  4. Well Location  Unit Letter I : 1438 feet from the south line and 660 feet from the east line Section 36 Township 19S Range 27E NMPM County Eddy  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  3386 GR  Pit type Dr1g Depth to Groundwater 50-100 Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMDIAL WORK PLUG AND ABANDON   TEMPORARILL HORNE BLUE COMMENCE DRILLING OPNS   ALTERING CASING   TEMPORARILL HORNE BLUE COMMENCE DRILLING OPNS   PAND A    PULL OR ALTER CASING   MULTIPLE COMPL   COMMENCE DRILLING OPNS   PAND A    OTHER:   OTHER:   OTHER:   OTHER:   OTHER:    13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed completion or recompletion.  8/26/04 Prill to TD 11020'. Log well.  8/26/04 Run 4 1/2" 11.6# P-110 & N-80 casing to 10977'. Cement w/500 sx 50/50 POZ H.  10/26/04 Ran CBL. TOC 8430''. Perf 10815-19, 10834-40, 46, 48, 52, 54, 10870-76, 80,
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10/20/04 Rdn CBL. 10C 8430'. Peri 10815-19, 10834-40, 46, 48, 52, 54, 10870-76, 80, 82, & 10884. Acidize 2/2000 gals 7 1/2% & frac w/26000 gals & 245000# 20/40.
02, a 10004. Relaize 2/2000 gais / 1/2% a liac w/20000 gais a 245000# 20/40.
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 $\Box$ , a general permit $\Box$ or an (attached) alternative OCD-approved plan $\Box$ .
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SIGNATURE TITLE Operations Manager DATE 11/8/04
Type or print name E-mail address: Telephone No.
Type or print name E-mail address: Telephone No.  For State Use Only  DEC 0 8 2004
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