

Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., 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

Form C-103  
 May 27, 2004

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

Monthly Fee  
 MAY 30 2007  
 OED - ARTESIA, NM

WELL API NO.  
 30-015-02376  
 Indicate Type of Lease  
 STATE  FEE   
 State Oil & Gas Lease No.

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.)  
 1. Type of Well: Oil Well  Gas Well  Other

7. Lease Name or Unit Agreement Name  
 RUSSELL USA

2. Name of Operator  
 APOLLO ENERGY, LP

8. Well Number 27  
 9. OGRID Number  
 248192

3. Address of Operator  
 4823 IHLES ROAD, LAKE CHARLES, LA 70605

10. Pool name or Wildcat  
 RUSSELL - YATES

4. Well Location  
 Unit Letter B : 996 feet from the NORTH line and 1665 feet from the EAST line  
 Section 13 Township 20 South Range 28 East NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 3256' KB, DF, GL

Pit or Below-grade Tank Application  or Closure   
 Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_  
 Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

04/23/07 Pull rods & pump, ran 25 jts (811') new tubing, 31 rods (775'). Installed pump, seating nipple & mud anchor. Put well back on production 05/24/07.

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 , a general permit  or an (attached) alternative OCD-approved plan .

SIGNATURE [Signature] TITLE Vice President DATE 5/29/07

Type or print name \_\_\_\_\_ E-mail address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

For State Use Only  
 APPROVED BY: Accepted for record - NMOCD TITLE \_\_\_\_\_ DATE 5/29/07  
 Conditions of Approval (if any): \_\_\_\_\_