

Submit 3 Copies To Appropriate District Office
 District I
 1623 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

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

Form C-103
 Revised May 08, 2003

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.)		WELL API NO. 30-015-20196
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJ		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator MOMENTUM OPERATING CO, INC		6. State Oil & Gas Lease No. 025778A
3. Address of Operator PO BOX 578 ALBANY, TX 76430		7. Lease Name or Unit Agreement Name GULF
4. Well Location Unit Letter <u>H</u> : <u>1650</u> feet from the <u>NORTH</u> line and <u>330</u> feet from the <u>EAST</u> line Section <u>28</u> Township <u>18S</u> Range <u>31E</u> NMPM County <u>EDDY</u>		8. Well Number 2
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3626 GL		9. OGRID Number 020451
		10. Pool name or Wildcat SHUGART (Y,7R,Q,GB)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input checked="" type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: REACTIVATE INJECTION <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.

- 1) PERFORM MIT TEST (SCHEDULED FOR 11/4/03 9:00 A.M.)
- 2) LAY REPLACEMENT INJECTION LINE FROM HINKLE WATER PLANT.
- 3) BEGIN INJECTION BY 11/15/03.

Notify OCD 24 hours
 prior to test 748-1283

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

SIGNATURE [Signature] TITLE TREASURER DATE 10/31/03

Type or print name LYNN NEFF
 (This space for State use)

APPROVED BY [Signature] TITLE Field Rep DATE NOV 3 2003

Conditions of approval, if any:

Telephone No. (325) 762-3331

APPROVED NOV 3 2003