Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised June 10, 2003	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	3		WELL API NO. 30-015-32305	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	_
District III 1220 South St. Francis Dr.		STATE FEE X		
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 8	37505	6. State Oil & Gas Lease No.	
	CES AND REPORTS ON WELL		7. Lease Name or Unit Agreement Name	,
(DO NOT USE THIS FORM FOR PROPOSE DIFFERENT RESERVOIR. USE "APPLICATION OF THE PROPOSE OF THE PR			AUGUSTA 24 FEE COM	
PROPOSALS.)	,		8. Well Number	\dashv
1. Type of Well: Oil Well Gas Well X	Other	RECEIVED	1	
2. Name of Operator	JSTRIES, INC.	MAR - 9 2004	9. OGRID Number	
3 Address of Operator P.O. BO	X 840		10. Pool name or Wildcat	\dashv
ARTESL	A, NM 88211-0840	OCD-ARTES	A CARLSBAD, MORROW, EAST	_
4. Well Location				
Unit Letter A :	feet from the NORT	[H line and	660' feet from the EAST li	ne
Section 24	Township 21S I	Range 27E	NMPM EDDY County NEW MEX	ICO
Section 24	11. Elevation (Show whether D			
12 (1 1	3149' GR	AT A CAT A	P. (Otl. P.)	
NOTICE OF IN	Appropriate Box to Indicate I	Nature of Notice,	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	<u> </u>	J
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	ILLING OPNS. PLUG AND]
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN	ABANDONMENT ND	
OTHER:			DDITIONAL ATOKA PERFS	X
	_		ad give pertinent dates, including estimated	
of starting any proposed wo			ttach wellbore diagram of proposed comple	
or recompletion.				
2/12 - 2/25/04				
ACIDIZE PERFS 11 185-207' (1	046" HOLES) WITH 1500 GAL	7-1/2%		
FRAC ATOKA 10,864-72'; 10,88	81-907' AND 11,186-207' WITH 5	52,040# INTERPRO		
WELL PRODUCING VIA 27/8" PBTD 11,265'.	TUBING WITH PKR @ 10,755'	FROM 10,864-872',	, 10,881-907' AND 11,186-207' ATOKA.	
101011,200.				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE NOMA A	L Palomin TITLE	•		_
Type or print name HANNAH PAL		hannah@my		_4288
(This space for State use)	E-inaii :	auui CSS.	relephone No. (303)/46	-1200
FOR	RECORDS ONLY		MAR 1 1 20	104
APPPROVED BY Conditions of approval, if any:	TITLE_		DATE	_