Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

clsk	
$\Theta$	Form C-103 Revised 1-1-89

S. Indicate Type of Lease   STATE     FEE	District Office	Litergy, Willierals and I	vaturai Resources Dep	Revised 1-1-89
DETERCH   Santa Fe, NM 87505   Santa Fe, NM 87505   Santa Fe, NM 87505   Santa Fe, NM 87505   Santa Fe   NM 87505   Santa Fe   NM 87505   Santa Fe   NM 87505   Santa Fe   Santa				
FO. Draver DD. Artesia, NM 68210  SUNDRY NOTICES AND REPORTS ON WELL\$  ON NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEGENOR PLUG BACK TO A DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT"  (FORM CHO) FOR SUCH PROPOSALS TO DRILL OR TO DEEGENOR PLUG BACK TO A DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT"  (FORM CHO) FOR SUCH PROPOSALS TO BE DESCRIPTION FOR PERMIT TO A DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT"  (FORM CHO) FOR SUCH PROPOSALS TO BE DESCRIPTION FOR PERMIT TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT TO A DIFFERENT RESERVOIR UNIT "F"  1. Type of Well:  WELL	DISTRICT II			30-015-22818
Sation Coll & Gas Lose No.	P.O. Drawer DD, Artesia, NM 88210	Januare, 1444 6, 666		5. Indicate Type of Lease  STATE X FEE
SUNDRY NOTICES AND REPORTS ON WELL 3: 7.	1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
CONDITUSE THIS FORM FOR PROPOSALS TO DRILL OR TO DESIGNATOR PLUG ARCRETOR   DIFFERENT RESERVOIR USE APPLICATION FOR PENDIFFERENT NAME   DIFFERENT NAME   COMMENCE   SUBSEQUENT REPORT OF	SUNDRY NO	TICES AND REPORTS O	N WELLS 127372	
1. Type of Well: WELL   Commence   Company   Section   S	(DO NOT USE THIS FORM FOR PF DIFFERENT RESE	ROPOSALS TO DRILL OR TO DI RVOIR. USE "APPLICATION FO	EEREN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
2. Name of Operator 39 America Production Company 39 America Production Company 39 America Production Company 39 America Production Company 30 Address of Operator 2. O. Box 1089. Eunice, NM 88231 4. Well Location Unit Letter B: 959 Feet From The N Line and 2400 Feet From The E Line Section 35 Township 175 Range 28E NMPM EDDY 3865.5' GR 10. Elevation (Show whether DE, RKB, RT, GR, etc.) 3685.5' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING CHANGE PLANS CHANGE PLANS CHANGE PRILLING OPNS. PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER: TA. & MIT Completed Operations/Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proportions of the proposed or Completed Operations/Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proportions of the proposed or Complete to Operations/Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proportions of the proposed or Complete to Operations/Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proportions of the proposed or Complete to Operations/Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proportions of the proposed or Complete to State	1. Type of Well: OIL GAS WELL WELL	OTHER O	OCHECE, ED	
3. Address of Operator  9. Pool name or Wildcat  EMPTRE ABO  9. Pool name or Wildcat  9. Pool name or Wildcat  EMPTRE ABO  9. Pool name or Wildcat  9. Pool name or Wildcat  EMPTRE ABO  9. Pool name or Wildcat  EMPTRE ABO  9. Pool name or Wildcat  9. Pool name or Wildc	2. Name of Operator		ARICO	8. Well No.
4. Well Location Unit Letter B: 959 Feet From The N Line and 2400 Feet From The E Line Section 35 Township 17S Range 28E NMPM EDDY County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3685.5 ' GR  11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:  ERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS CASING TEST AND CEMEPORARILY ABANDON CHANGE PLANS CASING TEST AND CEMENT JOB OTHER: IA & MIT  12. Describe Proposed or Completed Operations Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any propo work) SEE RULE 1103.  TD: 6320' PERFS: 6244-6254' CIBP @ 6227.50'  11/11/02: Load and press test to 580#. Held for 30 mins. Chart attached. NMOCD notified but did not witness test. Retain wellbore for future use and uphole potential.  Temporary Abandoned States approved und 1/- 1/- 0 7  11 hereby certify that the information above is true and complete to the best of my knowledge and belief. SENANTURE TUCK Owens  TITLE Administrative Assistant Date 11/12/02  TOPE OR FERNI NAME VICK1 Owens  TELEPHONE NO. 505-394-1650  TITLE Administrative Assistant Date 11/12/02  TOPE OR FERNI NAME VICK1 Owens		y /	Co CS/A No	392
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