Energy, Minerals and Natural Resources Sign Freech Dr., Hobbs, NM 88240 Date All Report of Control of Contro	Submit 3 Copies To Appropriate District Office	State of New M	Form C-103			
Dill Content of the property		Energy, Minerals and Natural Resources		WELL API NO.		
122U South St. Francis DF. STATE FEB				of Lease		
SUNDRY NOTICES AND REPORTS ON WELLS ARLEST AND STORM FROM FROM THE PROPERTY OF THE PROPERY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		STATE	FEE [
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DIPPERENT RESERVOIR, USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SICH Red Lake Unit		CES AND REPORTS ON WELL	sich ARTESIA	7. Lease Name	or Unit Agreement	
2. Name of Operator Seach Exploration, Inc. 3. Address of Operator Sol Nariented, Sic. 200, Midland, TX 79701 S. Pool name or Wildcart 800 N Mariented, Sic. 200, Midland, TX 79701 S. Pool name or Wildcart 800 N Mariented, Sic. 200, Midland, TX 79701 S. Range 28E NMFM County Eddy Unit Letter_O	DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:					
Beach Exploration, Inc.		Other Injection		8 Well No. 2		
4. Well Location Unit Letter_O:1980feet from the East line and660feet from theSouth line Soction 24	Beach Exploration, Inc.		J. W. 110.			
Well Location						
Unit Letter_O :						
Section 24 Township 16S Range 28E NMPM County Eddy 10. Elevation (Shoy whether DR, RKB, RT, GR, etc.)						
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING MULTIPLE COMPLETION CEMENT JOB OTHER: OTHER: Attach well to injection 12. 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 recompilation. 3/12/02 - OCD conducted bradenhead test, well passed Return well to active injection effective March 8, 2002; 150 bwpm I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE March 15, 2002 DATE March 15, 2002	Unit Letter_O_	:1980feet from the East	line and66	60feet from the	neSouthline	
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	I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
Type or print name Lizbeth Lodle Telephone No.915-683-6226	SIGNATURE THE S	OSCITTLE Engineeri	ing Analyst	DATE Ma	rch 15,2002	
	Type or print name Lizboth Lodle			Tele	phone No.915-683-6226	

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