

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

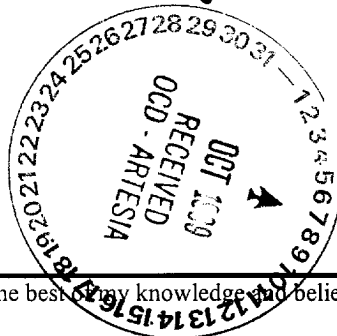
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-25071
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Hillside Oil & Gas, LLC.		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 8911 Midland, TX 79708		7. Lease Name or Unit Agreement Name:
4. Well Location Unit Letter E : 1980 feet from the North line and 660 feet from the West line Section 35 Township 18S Range 26E NMPM EDDY County		8. Well No. 2
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3327 GR		9. Pool name or Wildcat Atoka Glorietta / YESO

11. 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 checked="" type="checkbox"/> CHANGE PLANS <input 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: <input type="checkbox"/>

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.

Put well into T/A status. Run packer above perms. to 2700', test casing to 500 psi for 30 min.

*failed
grubstakes*



ILLEGIBLE

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

SIGNATURE Ron Brown TITLE _____ DATE 10-7-99

Type or print name Ron Brown Telephone No. 915-685-3011
(This space for State use)

APPROVED BY District Supervisor TITLE _____ DATE _____
Conditions of approval, if any: