Submit 3 Copies to Appropriate State of New Mexico District Office Energy, Minerals and Natural Resources	15 PM	Form C-103 Revised March 25, 1999
DISTRICT III 2040 South Pachecty T	5. Indicate Type STATE	X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 DISTRICT IV 2040 S. Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS		as Lease No. 647-394, E-1821-17 or Unit Agreement Name:
(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) 1. Type of Well:		"21" State Com
Oil Well Gas Well X Other Dominion Oklahoma Texas E&P Inc.	8. Well No.	2
3. Address of Operator 14000 Quail Springs Parkway - Suite 600 - Oklahoma City, OK 73134	9. Pool name or Illinois Ca	Wildcat amp Morrow, N. (Gas)
4. Well Location Unit letter H 1650' feet from the North line and 990' feet fi	rom the <u>East</u>	line.
10. Elevation (Show whether DR, RKB, RT, Gr, etc.)	MPM <u>Eddy</u>	/ County
3589'		
11. Check Appropriate Box to Indicate Nature of Notice, Report NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PULL OR ALTER CASING MULTIPLE COMPLETION CASING TEST AND CEMENT J	ENT REPORT ALTEI PLUG ABAN	OF: RING CASING
OTHER: OTHER: OTHER:		
 Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proproposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Spud well 4-16-02. 4-17-02 ran 10 jts 13 3/8, 48# H-40 ST&C csg., set @ 447'. Cemented lead w/190 sx 35:65 Poz, Class C, tailed w/200 sx Class C. Circulated 136 sx to surface. WOC 16 hrs, commenced drilling. 4-22-02 ran66 jts 9 5/8, 48# J-55 ST&C csg., set @ 2826'. Cemented lead w/865 sx 35:65 Poz, Class C, tailed w/200 sx Class C. Circulated 93 sx to surface. WOC 18 hrs, commenced drilling. 		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	····	
SIGNATURE Coula Chustian TITLE Regulatory Specialist		DATE 04/23/02
Type or print name Carla Christian (This space for State use)	Telephone No.	405-749-5263
APPROVED BY Conditions of approval if any:		MAY 0 1 2002