	(15)
27282930,	(,,0)
Submit 3 copies to Appropriate District Office	7 γ Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240 District I Linergy, Minerals and Natural Resources	Revised March 25, 1999
District II PECENTOIL CONSERVATION DIVISION	WELL API NO. 30-015-32205
811 South First, Artesia, NM 87210 District III OCD - ARTESIA 1229 South St. Francis Dr. Santa Fe, NM 87505	5. Indicate Type of Lease
	STATE X FEE 6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 491 51 70 91	V-5072
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name 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.)	Pokey BAK State
1. Type of Well: Oil Well Gas Well X Other	Tokey BAR State
Oil Well Gas Well X Other 2. Name of Operator	8. Well No.
KUKUI Operating Company	1
3. Address of Operator 203 W. Wall Street, Suite 810	9. Pool name or Wildcat
Midland, TX 79701	Undesignated Bunting
4. Well Location	
Unit Letter A; 660 feet from the North line and	660 feet from the East line
Section 36 Township 19S Range 21E	NMPM Eddy County
10. Elevation (Show 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 SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING SUBSEQUENT REPORT OF:	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL	
PULL OR ALTER CASING	ABANDONMENT
OTHER: OTHER	
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 recompiliation.	
4/25/02 MIRU Auger Air rig.	
Spud well @ 3:00pm. Operator will set 40' of 14" structural steel casing in 18" hole and	
cement to surface with ready-mix.	
Note: Nabors rig 347 will MIRU 4/29/02.	
I hereby certify that the information above is true and complete to the best of my knowledge	and belief.
SIGNATURE TITLE Western District	ct Manager DATE 04/25/02
Type or print name Larry K. Strider	Telephone No. 915-687-6200
(This space for State use)	
APPROVED BY Conditions of approval, if any: ORIGINAL SIGNED BY TIM W. GUM PROVED BY Conditions of approval, if any:	DATE 1 2