Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.
District II	OIL CONSERVATION DIVISION		30-015-21912
RII South First, Artesia, NM 88210 District III	2040 South Pacheco		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		STATE X FEE	
2040 South Pacheco, Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS 7. Le			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.)			
I. Type of Well: Oil Well Gas Well Other			Mesa Macho Com
2. Name of Operator ROCA Production, Inc.			8. Well No. 2
3. Address of Operator			9. Pool name or Wildcet
P.O. Box 11148, Midland, Texas 79702			Burton Flat (Morrow)
4. Well Location			
Unit Letter:_	1,980 feet from the Nort	h line and 1	,980 feet from the East line
Section 24	Township 20-S R	ange 27E	NMPM Eddy County
	10. Elevation (Show whether D. 3,350' GR; 3,366'		:.)
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON 😨	REMEDIAL WOR	K ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	ABANDONMENT
PULL OR ALTER CASING	MULTIPLE	CASING TEST AN CEMENT JOB	ND
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 recompilation.			
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Notify acd to wituess plus operations			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TO THE SIGNATURE	TITLE	President	DATE 5/30/01
Type or print name James F	. Neyman, P.E Triple	N Services,	Inc. Telephone No. 915-687-1994
(This space for State use)/	6	1 0	
APPPROVED BY Sunday TITLE SIEND REP Conditions of approval, if any: * As lindicated on attached procedure			
x 1. 1. leated on attached procedurs			
As unacased on an action for			