Submit 3 Copies To Appropriate District Office District I 1625 N. French Dr., Homes, NM 88240			<u> </u>
Submit 3 Copies To Appropriate District State of New Mexico			Form C-103
Office District I 1625 N. French Dr., Hoggs, NM 88240 District II RECEIVED RECEIVED		WELL API NO.	Revised March 25, 1999
District II ID RECEIVATION DIVISION		30-015-22931	
District III 1000 Rio Brazos Rd., Azice NM 87410		5. Indicate Type of Lease STATE FEE X	
District IV 1220 S. St. Francis Dr., Santa Fe/NM 87505		6. State Oil & Gas Lease No.	
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		SOUTH EULESICA BLUFF	
PROPOSALS.) 1. Type of Well:		Sully Eur	EDILA PLUFF
Oil Well Gas Well Other 2. Name of Operator Management of April 18/10		8. Well No.	<u></u>
FAM ENERGY, INC.		4,	A
3. Address of Operator 5/00 E SYELY DE, STE 65, TULSA, OK 74/36 4. Well Location		9. Pool name or V E. LOVING (E	Vildcat IV CANYON)
Unit Letter A : 660 feet from the	line and	560 feet from	n the SST line
Section 23 Township 235 Range 28E NMPM County EDDY			
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 □	SEQUENT REI	PORT OF: ALTERING CASING □	
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		
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. A. MIRU WSU. UNSEAT PUMP. TOH WIPUMP & PODS. NO WH. NU BOPE. B. RU EWL TRUCK. RUN GRATS. PUN & SET CARP AT + GAPP! PRACEATE U. BRUSHN CANNON FROM \$162' TO 4810' W/82 HOLES W/4" CK GUN. C. PU PREKER & THE WITSG. SET PUR AT + 4710'. TREAT ZONE W/3000 CAL T/2-% HEL W/BS. SWAB TEST. FRAN TREAT DOWN TEG W/W, OU GAL XLGEL & 85,000 48. /6/30 SD & 31,000 LB 16/30 RE SWD. FROW & SUAB LOAD PAGE. NO BOPE. TOH W/PLP. RUN TEG FACK UT PROD ASSURE!			
LOAD BACK. NO FORE. TOH WIPKE FUN THE FACK WIPPED ASSUREY.			
PUN MODS & PUMP BACK, POP.			
WARY IS ESTIMATED TO BEGIN ON 12/05/02.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE MILLEAU TITLE	OFFIGE		DATE 11/18/02
Type or print name MIKE KAISER	H W. GUM	Telep	phone No. (918)663-2800
(This space for State use) ORIGINAL STATES OF THE STATES			NOV 2 5 2002
APPPROVED BYTITLE_ Conditions of approval, if any:	<u> </u>	. , 	DATE