Submit 3 Copies To Appropriate District Office	State of New M		Form C-103 Revised March 25, 1999
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO. 30-045-31355
District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		5. Indicate Type of Lease STATE FEE X  6. State Oil & Gas Lease No.
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.)  1. Type of Well:  Oil Well Gas Well X Other			7. Lease Name or Unit Agreement Name:  Carnahan C6m.
2. Name of Operator Holcomb Oil and Gass, Inc.			8. Well No.
3. Address of Operator P.O.Box 2058, Farmington, NM 87499-2058			9. Pool name or Wildcat Basin Fruitland Coal
4. Well Location			
Unit Letter A: 1275 feet from the North line and 1205 feet from the East line			
Section 35 Township 30N Range 12W NMPM County San Juan  10. Elevation (Show whether DR, RKB, RT, GR, etc.)  5879 GL			
11. Check A	ppropriate Box to Indicate		, Report or Other Data  SSEQUENT REPORT OF:
	PLUG AND ABANDON	REMEDIAL WOR	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	RILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A 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.  Per approval on 2/15/03 at 11:48 a.m. Frank Chavez of the OCD-Aztec approved the change in surface casing to 178' from 300'. Well was spudded at 8:30 a.m. on 2/15/03. Drilling to 182' hit lots of boulders. Cement 178' 7" J-55 casg. with 80 sks cl.B cmt. w/2% CACl <sub>2</sub> and 1/4 lb/sk cello flake, circulate to surface.			
			FEB 2008
I hereby certify that the information a	bove is true and complete to the	best of my knowledg	ge and belief.
SIGNATURE W	TITLE	President	DATE 2/17/03
Type or print name W. J. Ho.	lcomb		Telephone No. (505)326-055
(This space for State use)		turi (di a sas inc	- 4 0 ZUII3
APPPROVED BY Charles Conditions of approval, if any:	Cerlu TITLE		DATE