

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-045-12173
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name
8. Well No. PEARSON #1 (OGRID 185656)
9. Pool name or Wildcat AZTEC FRUITLAND SAND

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER:	
2. Name of Operator PATRICK MCCOWN	
3. Address of Operator P.O. BOX 1084, FARMINGTON, NM 87499-1084	
4. Well Location Unit Letter F : 1850 Feet from the NORTH Line and 1530 Feet from The WEST Line Section 29 Township 29N Range 10W NMPM SAN JUAN County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO :	SUBSEQUENT REPORT OF :
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: RETURN WELL TO PRODUCTION <input checked="" type="checkbox"/>

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.

The subject well was returned to production on 3/21/2006.

Producing verified by Kelly Robert's Inspection.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE	<i>Debbie McCown</i>	TITLE	Bookkeeper
TYPE OR PRINT NAME		TELEPHONE NO.	
Debbie McCown		(215) 625-2852	
(This space for State Use)			
APPROVED BY	<i>H. Villanueva</i>	TITLE	DEPUTY OIL & GAS INSPECTOR DIST. 3
		DATE	MAR 24 2006
CONDITIONS OF APPROVAL, IF ANY:			