Submit 3 Copies To Appropriate District Form C-103 State of New Mexico Office May 27, 2004 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-031-20137 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease District III 1220 South St. Francis Dr. STATE \[\] FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 7. Lease Name or Unit Agreement Name 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 SANTA FE RAILROAD A PROPOSALS.) 8. Well Number #82 1. Type of Well: Oil Well Gas Well Other 9. OGRID Number 15346 2. Name of Operator Mountain States Petroleum Corporation 10. Pool name or Wildcat 3. Address of Operator 3001 Northridge Farmington, NM 87401 Hospah Upper Sand, South 4. Well Location 990 feet from the Unit Letter feet from the South line and 1040 East line Section **Township** 17N Range 9W **NMPM** County McKinley 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6963' GR Pit or Below-grade Tank Application 🔲 or Closure 🔲 Depth to Groundwater_ Distance from nearest fresh water well____ ___ Distance from nearest surface water__ Pit Liner Thickness: Below-Grade Tank: Volume bbls: Construction Material 12. 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 WORK** ALTERING CASING □ \boxtimes **TEMPORARILY ABANDON** CHANGE PLANS П COMMENCE DRILLING OPNS. P AND A П **PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB** OTHER: 13. 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 recompletion. Mountain State returned subject well to production on 05-02-06. I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or belowgrade tank has been/will be constructed or closed according to NMOCD guidelines ___, a general permit ____ or an (attached) alternative OCD-approved plan ____. SIGNATURE **Charles Neeley TITLE** Type or print name E-mail address: mspcorp@qwest.net Telephone No. 505-326-3468 For State Use Only TITLE TEPUTY ON & GAS INSPECTION. DIST. OF MAY 1 1 2006 APPROVED BY: DATE

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Conditions of Approval (if any):