Submit 3 Copies To Appropriate District Office	State of New M	exico		Form C 103
District I	energy, Minerals and Nati		/	Form C-103 Revised May 08, 2003
1625 N. French Dr., Hobbs, NM 88240 District II	OH COMPRESSION		WELL API NO.	•
1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis D			5. Indicate Type	5-31598 c of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 South St. Francis Dr. Santa Fe, NM 87505		STATE	☐ FEE 🂢	
1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa 1 C, 14141 O	7505	6. State Oil & C	as Lease No.
	ND REPORTS ON WELLS		7 1 >1	
(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.)			7. Lease Name or Unit Agreement Name MONTOYA	
1. Type of Well: Oil Well Gas Well M Other		Mr. Day	8. Well Number	
2. Name of Operator			9. OGRID Num	ber
HEC PETROLEUM, INC.				
463 TURNER DRIVE #101 DURANGO CO 81303			10. Pool name or Wildcat BASIN FRUITLAND COAL	
4. Well Location			DASINTRO	TILAND COAL
Unit LetterO:1005	feet from theSOUTI	H line and1495	feet from	theEASTline
Section 35	Township 32N R	ange 13W	NMPM	County SAN JUAN
11. E	levation (Show whether DR,	RKB, RT, GR, etc.)		County Britistoria
12. Check Approp	5838 GL riate Box to Indicate N	ature of Notice T	2000-1-04	7
NOTICE OF INTENT	ION TO:	SUBS	SEQUENT RE	Data Dort of
	AND ABANDON	REMEDIAL WORK		ALTERING CASING
	IGE PLANS	COMMENCE DRIL	LING OPNS.🏿	PLUG AND
PULL OR ALTER CASING MULT COMP	IPLE PLETION	CASING TEST AND CEMENT JOB	<u>Z</u>	ABANDONMENT
OTHER:		OTHER:		
13. Describe proposed or completed ope	erations. (Clearly state all p	ertinent details and	give pertinent date	es including estimated date
of starting any proposed work). SE or recompletion.	E RULE 1103. For Multipl	e Completions: Atta	ch wellbore diagr	am of proposed completion
SPUD 12 ¼ HOLE 4/20/03 TD 366' SFT	8 5/8 24 # CSG @ 363 42	CMT W/175 CV "D	" 20/ 6 4 67 67	
GAMMA RAY, CALIPER LOGS. RAN 5 PREMIUM CMT W/ 3% CACL CIR 23 BB	(2 13 3# L NG XX NH L (A) 3	ירו דות אירו ביו ביו ביו ביו ביו	[] TO I 111/ AMA AYE 1	TT CTT
TESTED OK.		L31LD 3 72 C3G 1(7 1000 PSI W/ KI	G PUMP 15 MIN.
				•
I hereby certify that the information of the inform				
I hereby certify that the information above is	true and complete to the bes		and belief.	
SIGNATURE AM Daravente	TITLE A	KEA TROD]	OKEMAN	DATE 6/5/03
Type or print name Jim Bonaventura (This space for State use) /)		Telephone	No. 970/259-1374
	/ @\$!! !	ty onl & Gas inspec	TOR, DIST. (2)	JUN COS
APPPROVED BY Conditions of approval if any	TITLE			JUN - 6 2003

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