CONDITIONS OF APPROVAL,

## State of New Mexico Energy, Minerals and Natural Resources Department

NOV 0 3 2005

DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. 2040 Pacheco St. 3002529664 Santa Fe, NM 87505 DISTRICT II
P.O. Drawer DD. Artesia. NM 88210 sIndicate Type of Lease FEE STATE DISTRICT III State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 21670 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" Speight (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: GAS WELL «Well No. Sunlight Exploration, Inc. Address of Operator «Pool name or Wildcat 1415 23rd St. Canyon, Texas 79015 **4Well Location** 660 660 North East Feet From The Unit Letter Feet From The Line and Line 15 **13S** 38E Section Lea Range 10Elevation (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: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER: 12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. Notify OCD 24 hrs before start plugging 1. Set 5" CIBP @ 11800 ( perf. 11883 to 85 ) cap w/20' cmt. 2. RIH to 11780 circulate hole w/ mud 3.Spot 100' plug @ top liner ( 9983 ) 50' in & 50' out woc tag 4. Spot 100' plug @ 5990 5. Spot 100' plug @ 4650 ( 8 5/8 shoe @ 4608' ) woc tag 6. Cut & pull 7" @ 3000' 56766 7. Spot 100' plug 50' in & 50' out stub woc tag 8. Spot 100' plug 400' ( 8 5/8 shoe @ 348' ) woc tag 9. Spot 60' plug @ surface 10. Cut off wellhead install dry hole marker THE OIL CONSERVATION DIVISION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS. I hereby certify that the information above is true and complete to the best of my SIGNATURE TYPE OR PRINT NAME

FIELD REPRESENTATIVE IL/STAFF MANAGER