Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u>	Energy, Minerals and Natural Resources	March 4, 2004
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30 - 025 - 0352
1301 W. Grand Avc., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		8-158
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPOSA	ES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name N. M. B Z 5+4+c N.C T 5
1. Type of Well: Oil Well X Gas Well	Other	8. Well Number
,	Odlet	O OCRIDAY I
2. Name of Operator		9. OGRID Number
Andress of Operator		10. Pool name or Wildcat
P.O. Box 1772 Hobb	5 N.M. 88241	SAN Simon YAtes, North (Assoc)
4. Well Location		,
Unit Letter D: 660 feet from the Nonth line and 660 feet from the West line		
Section 29	Township Z/5 Range 35 E	NMPM Left County
	11. Elevation (Show whether DR, RKB, RT, GR,	etc.)
Pit or Below-grade Tank Application (For p	oit or below-grade tank closures, a form C-144 must be att	ached)
	RngPit typeDepth to Groundwat	
Distance from nearest surface water	Below-grade Tank Location UL Sect	Distance from hearest fresh water well
feet from theline and	feet from the line	twp;
	ine .	
10 01 1		
12. Check Ap	propriate Box to Indicate Nature of Notice	ce, Report or Other Data
NOTICE OF INT		JBSEQUENT REPORT OF:
	PLUG AND ABANDON REMEDIAL W	ORK ALTERING CASING
	CHANGE PLANS COMMENCE I	ORILLING OPNS.□ PLUG AND □
	MULTIPLE CASING TEST	· AND ABANDONMENT
OTHER:	OLINEIN JOB	
	OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including 20112 date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion.		
Or recompletion	y. OBB ROBE 1103. Tot Muniple Completions:	Attach wellbore diagram of proposed completion
1. Move in And Rig up	. Install B.O.P.	A A A
1. Move in and aig up 2. POOH with product 3. Clean out well	to total deuth	
4. Acidize existin	sa neutraline	S III Sived
7. Ac. 6.20 Cass.	periorities,	S. Become
5. Return well to		// .000 1/2
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 bases rade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD approved that		
SIGNATURE SMULL	TITLE PARTNEW	DATE 06/27/06
ype or print name 6. A. Bu	Den E-mail address:	505 Telephone No. 392-2495
This space for State use)		- 0.0p. 0.10 140. 772 - 2773
	1,1	
APPPROVED BY Haur	J. WMPNILE	
Conditions of approval, if any:		DATE
V	OC FIELD REPRESENTATO	