Office Engage Minorale	State of New Mexico			Form C-103 Revised March 25, 1999	
District I 1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-053-20017			
1301 W. Grand Avenue, Artesia, NM 88210 OIL CONSER	OIL CONSERVATION DIVISION		5. Indicate Type		
District III 1220 South St. Francis Dr. 1220 South St. Francis Dr. Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505		STATE FEE			
		6. State Oil & G	Sas Lease No.		
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:			7. Lease Name on	Unit Agreement Name	
Oil Well Gas Well Other 2. Name of Operator Table 10 Company to the Company to t			8. Well No.		
I wining Drilling Corporation			#1	Wildest	
3. Address of Operator 332 White Oak Drive NE, Albuquerque, NM 87122-1411 9. Pool name or Wildcat Wildcat					
4. Well Location					
Unit Letter N : 660' feet from the	Sout	h line and	2310'feet from	n the West line	
Section 22 Township	4N Ra	inge 1E	NMPM	County Socorro	
10. Elevation (Show 5170 GR	whether D	R, RKB, RT, GR, etc	c.)		
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
		SEQUENT REF			
PERFORM REMEDIAL WORK PLUG AND ABANDO		REMEDIAL WORI	° П	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ND V		
OTHER:		OTHER:			
 Describe proposed or completed operations. (Clear of starting any proposed work). SEE RULE 1103. For or recompilation. 					
Ran 46 JTS 4½ 11.60# P110- 1794.23', 235 JTS Total JTS 325 Total Footage 12381.14' Cement					
Centralizer on JT 1, 2, 7, 12, 17, 27, 32, 37, 42, 52, 62, 72, 82, 92					
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I hereby certify that the information above is true and comp			ge and belief.		
SIGNATURE MUNICIPALITY	TITLE_	President		DATE_2/17/03	
Type or print name Nathan A. Twining (This space for State use)			Telep	hone No. (505) 856-223	
APPPROVED BY Ky Column		ISTRICT S	JPERVISOR	DATE 2/24/0	
Conditions of approval, if any:	tttle			DATE	
V					