

Submit 3 Copies to Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised May 08, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-037-20083
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Coulthurst Management & Inv. Inc.		6. State Oil & Gas Lease No.
3. Address of Operator 1990 Marin Ave. Berkeley CA 94707		7. Lease Name or Unit Agreement Name Dr. John
4. Well Location Unit Letter E : 1650 feet from the North line and 990 feet from the West line Section 13 Township 10N Range 27E NMPM County Quay		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4326 GR		9. OGRID Number
		10. Pool name or Wildcat Wildcat

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Perforation <input checked="" type="checkbox"/>

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.

6-12-04 Logged through casing 6000' to 7824'.
6-16-04 Perforated 7188'-7208' with 4 spf.
6-19-04 Broke down perfs with Diesel with 160 balls.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David T. Wilson TITLE COMPANY REP. DATE 8-2-04

Type or print name DAVID T. WILSON Telephone No. (505) 270-7328
(This space for State use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 8/6/04
Conditions of approval, if any: