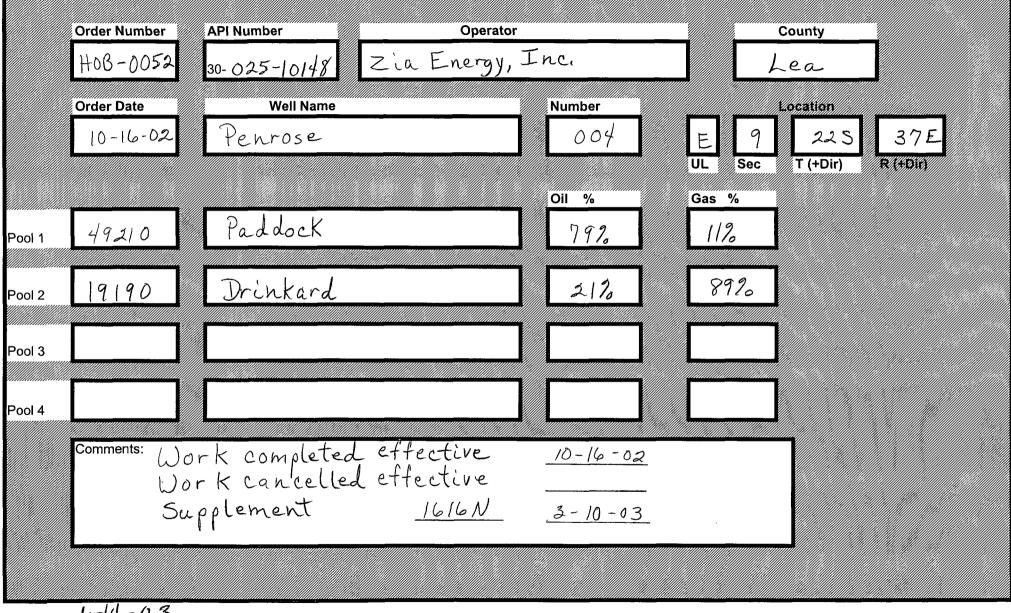


C-103 Received 11-15-02 DHC No. Assigned 12-10-02



1-14-03 Postel To RBDML

	OPERATOR: Zia Energy, Inc.	- HOB-0052	48
	OPERATOR: Zia Energy, Inc PROPERTY NAME: Penrose	·	
	WNULSTR: <u>4-E</u> , <u>9-22-37</u>		
49210	section I: pool NO. 1Paddock	ALLOWABLE AMO <u>107642</u>	DUNT MCF 6000
19190	POOL NO. 2 Drinkard	142 852	мсғ <i>(6000</i>
	POOL NO. 3		MCF
	POOL NO. 4 POOL	TOTALS <u>249</u> <u>1494</u>	MCF
APAD2000	section II: Opool NO. 1_Paddock	Oil _ 79% X 249=196,1	Gas 71 1190
ADRI3000	POOL NO. 2 Drinkard	_2170	89%
	POOL NO. 3	_	
	POOL NO. 4	_	
		GAS	
	SECTION IV: 136 × 79% = 107,44 (107) 136 × 21% = 28,56 (29)		

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Submit 3 Copies Desired Office State of New Mexico Energy, Minerals and Natural Resources Department Perm C.1 Provide 19   District CTI For Dame DD, Artesia, NM 88240 OIL CONSERVATION DIVISION Santa Fe, NM 87505 WELL API NO. 30-025-10145   District CTI For Dame DD, Artesia, NM 88210 2040 South Pacheco Santa Fe, NM 87505 Sinte For Dame DD, Artesia, NM 88210 30-025-10145   District CTI FOR Dame DD, Artesia, NM 88210 2040 South Pacheco Santa Fe, NM 87505 Sinte For Dame DD, Artesia, NM 87410 Sinte For Dame DD, Artesia, NM 87410   COD NOT USE THIS FORM FOR PROFOSALS TO DRILL OR TO DEFENS OR PLUG BACK TOA WILL G GAS The Section Profos South PROFOSALS TO DRILL OR TO DEFENS OR PLUG BACK TOA WILL G GAS Permose   1. Type of Welt Orit. G GAS WILL G GAS OTHER Development Profosals To DRILL OR TO DEFENS OR PLUG BACK TOA WILL G GAS Permose   2. Name of Operator Zia Energy, Inc. 8. Weil No. 4   3. Address of Operator Zia Energy, Inc. 8. Weil No. 4   4. Well Location Unit Lear G 2310 Feet From The North Line and 330 Feet From The West Line   10. Check Appropriate Dax bindicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: Emerona Remeanal Work C as ING Commission Contents establishing pre-appoved pool or area R-11363 Dintexion or dom AdaAndona MADA		
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District III 2040 South Pacheco 5. Indicate Type of Lease   District III SUNDRY NOTICES AND REPORTS ON WELLS 6. State Oil & Gas Lease No.   (DO NOT USE THIS FORM FOR PROPOSALS TO DIALL OR TO DEPEND ON PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT (FORM C'10)) FOR DUCH PROPOSALS 7. Lease Name or Unit Agreemen (FORM C'10)) FOR DUCH PROPOSALS   1. Type of Well: Gas Penrose   2. Name of Operator 8. Well No. 4   3. Address of Operator 9. Pool name or Wildcat Dinkard/Paddock   4. Well Location Unit Letter 210 Feet From The North Line and 330   4. Well Location PO Box 2510, Hobbs, NM 88241 9. Pool name or Wildcat Dinkard/Paddock   4. Well Location 10. Elevation (Show whether Dr, RKB, RT, GR, etc.) 13411 'Gr Line and 330   11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING   11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING <td></td>		
P.O. Drawer DD, Artesia, NM 8810 Santa Fe, NM 87505 STATE F   DSTRCT_III SUNDRY NOTICES AND REPORTS ON WELLS 6. State Oil & Gas Lease No.   COD NOT USE THIS FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT (FORM C-10) FOR SUCH PROPOSALS) 7. Lease Name or Unit Agreemen (FORM C-10) FOR SUCH PROPOSALS)   1. Type of Well: OTHER Penrose   2. Name of Operator 8. Well No.   2. Name of Operator 8. Well No.   3. Address of Operator 9. Pool name or Wildcat Dirikard/Paddock   4. Well Location PO Box 2510, Hobbs, NM 88241 9. Pool name or Wildcat Dirikard/Paddock   4. Well Location 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 11.   Section 9 Township 22.   10. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING   11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING   12. Describe Proposed or Completed Operations (Clearly state all pertin		
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hereby certify that the Information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Scottpelson TITLE Engineer DATE 11/15/02		
TYPE OR PRINT NAME Scott Nelson 505-393-2937 TELEPHONE NO.	-	
(This space for State Use)		
DOVED BY		
CONDITIONS OF APPROVAL, IF ANY:		