Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources			May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 3001505588	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of I	ease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410			STATE	FEE X
District IV	Santa Fe, NM 87410		6. State Oil & Gas L	
1220 S. St. Francis Dr., Santa Fe, NM	1220 S. St. Francis Dr., Santa Fe, NM 87505		MN025778	
			7. Lease Name or U	nit Agreement Name
(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			NORTH SHUGART QUEEN UNIT	
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other		8. Well Number 3		
2. Name of Operator RECEIVED		9. OGRID Number 18811520		
TOM R.CONE				
3. Address of Operator OCT 1 2 7004		10. Pool name or Wildcat QUEENS		
OPP RETERIES			SAND	
4. Well Location				
Unit LetterH_:_2310_			et from the EAST_lir	ie ·
Section 20	Township 18S	Range 31E	NMPM	County
EDDY			See Festive (1989) (1986) (1986) (1986)	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) Pit or Below-grade Tank Application or Closure				
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material				
Pit Liner Thickness: mil	Below-Grade Tank: Volume	gois; Co	DUSTRUCTION MINTERIAL	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB OTHER: OTHER: OTHER: 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. 9-1-04				
WE PROPOSE TO PULL RODS TUBING AND SAND PUMP WELL RUN TUBING BACK TO BOTTOM AND SWAB WELL.				
RUN RODS BACK IN AND PUT WELL BACK ON PRODUCTION BY 9-15-04				
Approval Granted Provided Work Begins Within 30 Days of Date of Approval.				
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I 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 below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .				
SIGNATURE Tiely L However TITLE SUPERINTENDENT DATE 9-3-04				
Type or print name RICK L HOUSTON Felephone No.505-390-9611 E-mail address:RHOU121198@AOL.COM				
For State Use Only	h -	Gerry Guye		007 4 4 0004
APPROVED BY:	duy DIE	Compliance	Officer	OCT 1 4 2004
APPROVED BY: Conditions of Approval (if any):	TITLE_	OHIDIIGHOO	D	ATE
conditions of Approxim (ii dity).				