Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103	
Office <u>District I</u>	Energy, Minerals and Natural Resources		Revised June 10, 2003	
1625 N. French Dr., Hobbs, NM 88240 District II	OV. COMPTENZATION DAVISOR		WELL API NO. 30-015-21866	
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION		5. Indicate Type	of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Saitta 1 C, 14141 07303		6. State Oil & G	as Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name of	r Unit 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			Line reten wietra	
PROPOSALS.) 1. Type of Well:			8. Well Number	
Oil Well Gas Well Other			60-C	
2. Name of Operator			9. OGRID Number	
3. Address of Operator			10. Pool name o	
40 Pay 958 Carlatad Nm 88221			and avatar	• • • • • • • • • • • • • • • • • • • •
4. Well Location				
Unit Letter <u>C</u> :	1220 feet from the N	line and 14	ab feet fre	om the <u>K</u> line
Santian 25	Township 185 Pr	nos SRT	NMPM	County EDDY
Section 30 Township 185 Range 38E NMPM County EDDY 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF IN			SEQUENT RE	
PERFORM REMEDIAL WORK		REMEDIAL WOR		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS.	PLUG AND
	MULTIPLE	CASING TEST A	ND []	ABANDONMENT
PULL OR ALTER CASING	COMPLETION	CEMENT JOB		
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.				
point (w motter pat, amus & abor (w 4009				
400 H w/ tubing, clean out fill w/ bulldog bailer,				
POOH w/tubing, clean out fill w/bulldog bailer, put well on production on 3-11-04.				
face was on production on 3-11-04.				
I hereby certify that the information	above is true and complete to the l	oest of my knowled	ge and belief.	
SIGNATURE Poy Co	TITLE_	Omnes		DATE 4-5-04
Type or print name ROU H	aniah E-mail a	ddress:	A	Telephone No. 505 - 3161 - 32 9
(This space for State use)	100	1:01 2	20 70	MAY 1 200
APPPROVED BY Conditions of approval, if any:	TITLE		yo e	DATE