Submit 3 Copies to Appropriate State of New Mexico Form C-103 **District Office Energy, Minerals and Natural Resources** Revised March 25, 1999 DISTRICT I WELL API NO. 1625 n. French Dr., Hobbs, NM 88240 OIL CONSERVATION DIVISION 30-015-31172 DISTRICT II 811 South First, Artesia, NM 88210 Indicate Type of Lease 2040 South Pacheco STATE X DISTRICT III FFF Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 State Oil & Gas Lease No. DISTRICT IV 2040 S. Pacheco, Santa Fe, NM 87505 E-7116, E-949, B-2071, 647 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Lease Name or Unit Agreement Name: DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS) Geronimo 34 State Com Type of Well: RECEIVED X Oil Well Gas Well Other Name of Operator Well No. DEC 2:0 2004 1 Dominion Oklahoma Texas E&P. Inc. BOB ARTESIA Pool name or Wildcat Address of Operator 9. 14000 Quail Springs Parkway - Suite 600 - Oklahoma City, OK 73134 Empire: Penn Well Location 1700' 1020' Unit letter Ε North feet from the West feet from the line and line. Section Township **17S** Range 28E **NMPM** Eddv County 10. Elevation (Show whether DR, RKB, RT, Gr, etc.) 3673 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 ALTERING CASING** REMEDIAL WORK **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND ABANDONMENT PULL OR ALTER CASING** CASING TEST AND CEMENT JOB **MULTIPLE** COMPLETION OTHER: OTHER: Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any propropsed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. This well bore was plugged 7/22/00, prior to skidding the rig for the Geronimo 34 State Com 1Y. There is no location or pit work to be done because this location is now the Geronimo 34 State Com 1Y. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Regulatory Specialist DATE 12/15/04 Carla Christian Type or print name Telephone No. 405-749-5263

FOR RECORDS ONLY TITLE

DEC 202004

DATE

(This space for State use)

Conditions of approval, if any:

APPROVED BY