Submit 3 Copies To Appropriate District Office	State of New M		Form C-103 May 27, 2004	
District I 1625 N. French Dr., Hobbs, NM 88240 District II	Energy, Minerals and Natural Resources		WELL API NO. 30-015-33907	
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Lease	V
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 8	37505	6. State Oil & Gas Lease No.	-
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 ECEIVED			7. Lease Name or Unit Agreement	ent Name
1. Type of Well: Oil Well Gas Well V Other			EKG Fee 8. Well Number #1	
2. Name of Operator		MAY 3 1 2005	9. OGRID Number 217955	
3. Address of Operator	Box 2064 Midland,		10. Pool name or Wildcat Wildcat; Morrow	(Gas)
4. Well Location Unit Letter F: 1980 feet from the North line and 1980 feet from the West line				
Section 29	Township 245 I	Range 28E	NMPM County E d	
Pit or Below-grade Tank Application □	11. Elevation (Show whether D	R, RKB, RT, GR, etc.)		
Pit typeDepth to Grounds		water well Dist	ance from nearest surface water	
Pit Liner Thickness: mi	l Below-Grade Tank: Volume	bbls; Co	nstruction Material	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF II PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS	REMEDIAL WOR	LLING OPNS. P AND A	
OTHER:	ing pagamatan di kacamatan di ka Kacamatan di kacamatan di kacama	OTHER: Comp	olete Open Hole	· · · [X]
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.				
4/13 - 4/14 RU	J Pool Well Service duction test Morrow			,445'
riopard oo pro-				
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I hereby certify that the information	n above is true and complete to the or closed according to NMOCD guideline	best of my knowledg	e and belief. I further certify that an or an (attached) alternative OCD-appro	y pit or below- oved plan .
SIGNATURE June	TITLE_	Member	DATE 5/	20/05
Type or print name Frank M. For State Use Only	Agar, Jr. E-mail	^{address:} kip∂og×	стеѕоитсеѕ ^Т е гр hane No4	
FOR	RECORDS ONLY			0 1 20 0€
APPROVED BY: Conditions of Approval (if any):	TITLE_		DATE	<u></u>