Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 May 27, 2004	
District I 1625 N. French Dr., Hobbs, NM 88240	Lifergy, witherars and	d Natural Resources	WELL API NO.	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVA		5. Indicate Type	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South S		STATE	FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, N	NM 8/303	6. State Oil & C	as Lease No.
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLIE		OR PLUG BACK TO A	7. Lease Name POKER LAKE	or Unit Agreement Name UNIT
PROPOSALS.) 1. Type of Well: Oil Well X	Gas Well Other	DECEIVED	8. Well Number	222
2. Name of Operator	rises Production Co.	HECEIVE	9. OGRID Num	ber 001801
3. Address of Operator P. O. Box		MAR 1 5 2006	10. Pool name o	
Midland, 4. Well Location	TX 79702	OUU-AM I ESIA	NASH DRAW	- DELAWARE
	510 feet from the S	OUTH line and 19	80 feet fr	om the WEST line
Section 19	Township 24S	Range 30E	NMPM	CountyEDDY
Pit or Below-grade Tank Application 🔲 o	11. Elevation (Show wheth 3134' GL	ner DR, RKB, RT, GR, etc.)	
Pit type DRILLING Depth to Groundw		t fresh water well >200' Dis	tance from nearest su	rface water_>1000'
Pit Liner Thickness: 12 mil	Below-Grade Tank: Volum	e 7300 bbls; Co	onstruction Material_	SYNTHETIC
12. Check A	Appropriate Box to Indic	ate Nature of Notice.	Report or Othe	r Data
	ITENTION TO:	ŕ	SEQUENT RE	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	– (ALTERING CASING
TEMPORARILY ABANDON	_	COMMENCE DR		P AND A
PULL OR ALTER CASING	MULTIPLE COMPL [CASING/CEMEN	T JOB 📙	
OTHER:		OTHER:PIT CLO		X
13. Describe proposed or comp of starting any proposed we or recompletion.	ork). SEE RULE 1103. For	Multiple Completions: At	d give pertinent da tach wellbore diag	ram of proposed completion
PIT WAS CLOSED 11/11/05, PER	R PLAN APPROVED ON 12	/09/05.		
,				
hereby certify that the information rade tank has been/will be constructed or	above is true and complete to closed according to NMOCD guid	o the best of my knowledg	e and belief. I furt or an (attached) alter	her certify that any pit or below- native OCD-approved plan .
SIGNATURE Cindu	1	LEProduction Clerk		DATE 03/09/2006
Type or print name Cindi Goodman				
	E-1	mail address:cdgoodman@	•	elephone No. (432)683-2277
For State Use Only	E-1		•	• • •
APPROVED BY: Conditions of Approval (if any):	E-1		basspet.com T	• ' '