Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103 Revised June 10, 2003	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO	).
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Typ	30-015-22169
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505			6. State Oil &	Gas Lease No.
87505					
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUC DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)			JG BACK TO A	7. Lease Name or Unit Agreement Name MESA ARRIBA	
1. Type of Well:	l. Type of Well: Oil Well □ Gas Well 図 Other			8. Well Number	
2. Name of Operator	FFR 2 3 2004			9. OGRID Number	
THOMPSON,					
3. Address of Operator P.O. BOX 12577 ODESSA TX 79768-2577				10. Pool name or Wildcat HAPPY VALLEY (STRAWN)	
4. Well Location				L	
Unit Letter_H:_	1980' feet from the	e NORTH	line and	660' feet	from the EAST line
Section 10	Township 2	2-S D	ange 26-E	NMPM	County EDDY
Section 10	11. Elevation (Show v				County EDD 1
	3179.2 GL				
12. Check A NOTICE OF INT	Appropriate Box to I	ndicate N		Report or Oth SEQUENT RI	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	и 🗆	REMEDIAL WOR	` —	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ND 🗆	
OTHER:			OTHER: CHANG	E OF OPERATO	R 🛚
13. Describe proposed or comp					
of starting any proposed wo or recompletion. THIS WELL WAS DRILLED IN THEREFORE, THIS WELL WAS J. CLEO THOMPSON ACQUIR NOW THE OPERATOR OF REC	1977 BY MORRIS AN S NEVER PRODUCED ED A NEW LEASE A1	TWELL A	AND PLUGGED AS RATED.	S A DRY HOLE I	
(THIS NOTICE MAY STAND AS A CHANGE OF OPERATORSHIP IF NEEDED. WE HAD NOT FILED A CHANGE OF					
OPERATORSHIP BECAUSE THE WELL HAD NEVER BEEN PRODUCED).					
		get receid	SHOCK		
		ه.	· Lagra		
		A RACION .			
I hereby certify that the information a	bove is true and com	ete to the b	est of my knowledg	e and belief.	
I hereby certify that the information a	101/01	TITLE (	OPERATIONS MA	NAGER	DATE 02/18/2004
	-XUVIV	_IIILE_	jctwest@nts		
Type or print name JIM STEVENS		E-mail a			Telephone No. (432)550-8887
(This space for State use)					
APPPROVED BY		_TITLE			DATE