

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised May 08, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-33053
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 33040
7. Lease Name or Unit Agreement Name: State 1724
8. Well Number 218885
9. OGRID Number 311
10. Pool name or Wildcat Cottonwood Creek; Abo Gas

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 SUCH PROPOSALS.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	RECEIVED JUN 14 2004 OGE-ARTESIA
2. Name of Operator Perenco LLC	
3. Address of Operator 6 Desta Drive, Suite 6800 Midland, TX 79705	

4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>31</u> Township <u>17S</u> Range <u>24E</u> NMPM County <u>Eddy</u>	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3861' GR
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12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Acidize well <input checked="" type="checkbox"/>

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.

6/1/04 Acidized horizontal lateral with 81,917 gallons 15% HCl acid. Flushed acid with 10,710 gallons 2% KCl water.

Average Injection rate: 104 bbl/min	Average Pressure: 3830 psi
Maximum Injection rate: 112 bbl/min	Maximum Pressure: 4050

ISIP: 1295 psi
5 min: 1254 psi
10 min: 1231 psi
15 min: 1210 psi

Fluid to recover: 2270 bbls

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Robin S. McCarley TITLE Eng. Tech. DATE 06/09/04

Type or print name Robin S. McCarley Telephone No. 432-682-8553

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

FOR RECORDS ONLY JUN 15 2004