Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District 1	Energy, Minerals and Natural Resources		Revised June 10, 2003	
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONSERVATION DIVISION		WELL API NO. 30-015-3	27194
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of	f Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE 6. State Oil & Gas	FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505			o. State Off & Gas	Lease 140.
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or	Unit Agreement Name
(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			Aptesia Metex Unit	
PROPOSALS.) 1. Type of Well:			8. Well Number	
Oil Well Gas Well Other			66	
2. Name of Operator			9. OGRID Numbe	T
ERS RESOURCES LLC 3. Address of Operator			225298 10. Pool name or	Wildcat
POBOK 958 Carlsbad, NM 88221 0			aus sicotr	
4. Well Location				
Unit Letter K: 2310 feet from the 5 line and 1650 feet from the bline				
Section 25	Township 185 R	ange 27E	NMPM	County EDD?
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
12 Check A	ppropriate Box to Indicate N	Jature of Notice 1	Report or Other 1	Data
NOTICE OF INT			SEQUENT REF	
PERFORM REMEDIAL WORK		REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL		PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB		
OTHER:		OTHER:		
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.				
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portuit I w motted part, ground & abor (w Hook				
most in tuling as				
Poot w/ tubing, clean out fill w/ bulldag bailer,				
put well an production on 2-26-04.				
	1		and haliaf	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE TOUCC	muconTITLE_	Duner		DATE 4-5-04
Type or print name Roy Ho	nigan E-mail a	ddress: -///	Te Te	lephone No.505-361-339
(This space for State use)	· VD	SULU B	TO E.	143/ 1 2021
APPPROVED BY Conditions of approval, if any:	TITLE	,	1 1	MAYE 1 2004