Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103	
District I	Energy, Minerals and Natural Resources			May 27, 2004	
1625 N. French Dr., Hobbs, NM 88240 District II				WELL API NO. 30-015-26074	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type of Le	ease Federal
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE	FEE
District IV	Santa Fe, NM 87505			6. State Oil & Gas Lea	ase No.
1220 S. St. Francis Dr., Santa Fe, NM 87505				V-1576	
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.)				7. Lease Name or Unit Agreement Name Parkway Delaware Unit	
1. Type of Well: Oil Well X	Gas Well Other			8. Well Number 922	
2. Name of Operator	RECEIVED			9. OGRID Number	
St. Mary Land & Exploration Cor  3. Address of Operator	APR 0 8 2005			154903 10. Pool name or Wildcat	
580 Westlake Park Blvd., Suite 60				49625	.sout
Houston, TX 77079					
4. Well Location		•			
Unit LetterM		theSouth		_330feet from th	
Section 36 Town			NMPM	County Edd	y
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3329' GR					
Pit or Below-grade Tank Application					
Pit typeDepth to Ground	waterDistance from	nearest fresh w	ater well Dist	ance from nearest surface w	ater
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF I	NTENTION TO:		SUB	SEQUENT REPOR	RT OF
PERFORM REMEDIAL WORK PLUG AND ABANDON   REMEDIAL WORK X ALTERING CASING					
TEMPORARILY ABANDON					
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB					
OTHER:	•		OTHER:		П
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.					
D	120 4140: 4150 4160	. 1 4170 4103	12 14 04		
Perforations made at 4121-4126; 4130-4140; 4158-4168 and 4169-4183 on 12-14-04.  Perforations made at 4059-4065 and 4075-4083 on 12-29-04.					
2000 gal 15% HCl at 4059-4065 and 6000 gal 15% HCl at 4121-4168.					
Producing interval at 4059-4183 Delaware "A" and "B".					
		•		•	
I hereby certify that the information	above is true and com	plete to the be	st of my knowledge	e and belief. I further cer	tify that any pit or below-
grade tank has been/will be constructed o	_				
SIGNATURE Marcie St					
Type or print name: Marcie St. Ge	rmain E-mail address:	mstgermain(	@stmaryland.com	Telephone No.: 281-67	7-2750 4 0
				-	WALK T 2 5002
APPROVED BY:	FOR RECORDS (	ONLY		D.A	.TE
Conditions of Approval (if any):		111LL		DA	.1 L