Subtitit 3 Copies To Appropriate District	State of New Mexico		Form C-103
Office District I	Energy, Minerals and Natural Resources		May 27, 2004
1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-015-33298
District 11 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
District III	1220 South St. Francis Dr.		STATE FEE
1000 Rio/Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	•		B-2178
87505	ICES AND REPORTS ON WELL	0	7. Lease Name or Unit Agreement Name
SUNDRY NOT DO NOT USE THIS FORM FOR PROPO	-		7. Lease Name of Omit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC		FOR SUCH	Red Lake Sand Unit
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other Injection	RECEIVED	8. Well Number 72
2. Name of Operator	Gas Well Control		9. OGRID Number
COG Ope	rating LLC	MAR 0 6 2006	229137
3. Address of Operator		ABD:WHIEST	I 0. Pool name or Wildcat
550 W. Texas,	Suite 1300, Midland, TX 79701		Red Lake Shores; Grayburg
4. Well Location			
Unit Letter K	1650 feet from the South	line and 165	
Section 20		Range 28E	NMPM County Eddy
	- I 1. Elevation (Show whether Di	R, RKB, RT, GR, etc.,	
Pit er Reby-grade Tank Application		0' GR	
	• • • • • • • • • • • • • • • • • • • •		
it typeDepth Groundw	,		tance from nearest surface water
it Liner Thickness: mil	Below-Grade Tank: Volume	bbls; Co	nstruction Material
12. Check	Appropriate Box to Indicate 1	Nature of Notice,	Report or Other Data
NOTICE OF IN	NTENTION TO:	فتراه ا	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK		REMEDIAL WOR	
,	CHANGE PLANS	COMMENCE DR	
TEMPORARILY ABANDON	5 (k. <u> </u>	CASING/CEMEN	
PULL OR ALTER CASING	I MOLTIFLE COMPL		-
OTHER:		OTHER: Conver	t to Injection, CIT Test
			d give pertinent dates, including estimated date
	ork). SEE RULE 1103. For Multi	ple Completions: At	tach wellbore diagram of proposed completion
or recompletion.	•		
			coated tubing set @ 1825'. Circ packer fluid
nd pressure test to 500# for 30 m	inutes, held OK. Put well on inje	ection. CIT chart énd	closed.
lefer to WFX-806			·.
	,		
B 1.1 B 6	111000	A	proved after receipt
Denied - Reference	NMOCU	An	mornised after receipt
Rule 19.15.9.	ALS ALSO	1 6 6 1 A	1 DETATOR
operator of	Record Mack &	17 0	fi change of
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hereby certify that the information	above is true and complete to the b	est of my knowledge	and belief. I further certify that any pit or below-
HAVE THERE THE DECEMPORATE OF COURTERCES OF	r closes according to MMOCD guideline	a general permit	or an (attached) alternative OCD-approved plan
SIGNATURE Jens W	. Shenell TITLE!	Production Clerk	DATE 3/2/2006
7			
Type or print name Jerry W. Sherr	en E-mail ad	dress:jerrys@macke	nergycorp.com Telephone No. (432)685-43
or State Use On I		combact for r	
ADDDOVED BV.	• • • • • • • • • • • • • • • • • • •	Del 101 pelaso	OIC

Conditions of Approval (if any):