

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 811 South First, Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

Form C-103
 Revised March 25, 1999



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 Gas Well Other

2. Name of Operator
 C.O. Fulton

3. Address of Operator
 P.O. Box 251 Artesia, NM 88211-0251

4. Well Location
 Unit Letter B : 330 feet from the North line and 1650 feet from the East line
 Section 3 Township 17S Range 29E NMPM County Eddy

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

WELL API NO.
30-015-02871

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:
 Dublin State

8. Well No. 3

9. Pool name or Wildcat
 Square Lake

11. 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 checked="" 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: <input type="checkbox"/>	
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12. 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 recompilation.

2003
 1-6 Clean out TD
 1-7 Ran tubing
 1-8 Ran rods and pump.
 1-9 Sat pumpjack
 1-10 Repaired elect. and returned to production

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

SIGNATURE Louis Fulton TITLE Owner DATE 8-11-03

Type or print name Louis Fulton Telephone No. 505 746-4787
 (This space for State use)

APPROVED BY _____ TITLE _____ DATE AUG 27 2003
 Conditions of approval, if any: