

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

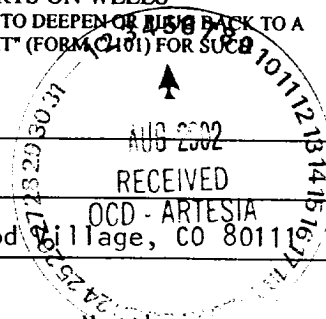
State of New Mexico
Energy, Minerals and Natural Resources

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

C19
OP

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 USE BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-005-61364
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Jack J. Grynberg		6. State Oil & Gas Lease No. STA-NM-LG-566-1
3. Address of Operator 5299 DTC Blvd., Suite 500 Greenwood Village, CO 80111		7. Lease Name or Unit Agreement Name: Grynberg 32 State
4. Well Location Unit Letter <u>F</u> : 1980 feet from the <u>North</u> line and 1980 feet from the <u>West</u> line Section <u>32</u> Township <u>5S</u> Range <u>24E</u> NMPM County <u>Chaves</u>		8. Well No. <u>4</u>
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4171.5 KB		9. Pool name or Wildcat Abo



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 type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input checked="" type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>

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.

See attached reports.

Post PAH

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

SIGNATURE Ken McKinney TITLE Prod. Manager DATE 7/31/2002

Type or print name Ken McKinney Telephone No. 303-850-7490
(This space for State use)

APPROVED BY [Signature] TITLE Field Rep II DATE JAN 10 2003
Conditions of approval, if any.