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Submit 3 Copies To Appropriate District Office	State of New N Energy, Minerals and Na			Form C-103 Revised March 25, 1999
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Millerars and Na	turai Resources	WELL API NO.	
<u>District II</u> 811 South First, Artesia, NM 87210	trict II		30-00	5-63215
District III	1220 South St. Francis Dr.		5. Indicate Type of	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	d., Aztec, NM 87410 Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505	,		6. State Oil & Ga	s Lease No.
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:
1. Type of Well: Oil Well Gas Well Other Dry Hole			Thompson	Canyon Ranch
2. Name of Operator Vintage Petroleum, Inc.			8. Well No.	
13. Address of Operator	Jest 7th Street	I OV	9. Pool name or W	fildeat
4. Well Location			, Jonas	<u> </u>
Unit Letter:	660 feet from the Sou	H line and	1980 feet from	the <u>East</u> line
Section 3	Township 45	Range 23 E	NMPM	County Chaves
	10. Elevation (Show whether GR 457)	DR, RKB, RT, GR, etc	c.)	
11 Check Ar	propriate Box to Indicate		Report or Other D	<u>ala de la companya d</u>
NOTICE OF INT	ENTION TO:		SEQUENT REP	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR		PLUG AND
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AI	ND	ABANDONMENT
OTHER:		OTHER:		
12. Describe proposed or complete of starting any proposed work). or recompilation.	SEE RULE 1103. For Multiple	Completions: Attac	h wellbore diagram o	f proposed completion
or recompliation. Jug#1-Spot 40 sack p 3520'. Spot plug#	114 @ 4510-4410 3 - 155 sack plu	g @ 1618-	1504'. Spot	phy #4-6550ck
plug @ 986-881	, (50' either side	of surface	casing shoe),	Tagged firm
coment after 4	hrs, woc. To	c @ 890'.	Displace	surface
plug @ 986-886 cement after 4 casing w/ fresh w	nater (110 bbls).	Cut off ,	well head	. weld plate
on to of sur	tace casing, t	(DMO,		
Note: Spud date 9	-15-99. TD@ 492	.8' on 9-29	1-99. Plugg	ed 9-30-99,
I hereby certify that the information	above is true and complete to th	e best of my knowled	ge and belief.	
SIGNATURE Cam C	1. Gruson TITLE	Regulatory	Specialist	DATE 1/22/02
Type or print name Vann A	T A	•		one N(918)878-53)5
(This space for State use)	PO	1-01.	0,00	
APPPROVED BY Conditions of approval, it any	TITLE	Sux0 /	th s	MAR 1 2002