Submit 3 copies to Appropriate District Office	State of No	ew Mexico		Form C-103	
<u>DISTRICT I</u>	Energy, Minerals and Natural Resources		Revised March 25, 1999		
1625 N. French Dr., Hobbs NM 88240 DISTRICT II	<u></u> -		WELL API NO.		
1301 W. Grand Avenue, Artesia NM 88210		30-025-36384			
DISTRICT III 1000 Rio Brazos Rd., Aztec NM 87410	Property Control of the Control of t			5. Indicate Type of Lease	
DISTRICT IV	Santa Fe, New Mexico 87504-2088		STATE X FEE		
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No. VO-5629		
	SUNDRY NOTICES AND REPORTS OF	N WELLS	7. Lease Name or Unit Ag		
	ROPOSALS TO DRILL OR TO DEEPEN OR			, roomon ramo	
PROPOSALS.)	APPLICATION FOR PERMIT" (FORM C-101)	FOR SUCH			
1. Type of Well:			Kris State Unit		
Oil Well Gas Well X Other					
2. Name of Operator			8. Well No.		
	ates Petroleum Corporation		. 1		
3. Address of Operator			9. Pool Name or Wildcat		
105 South 4th Str., Artesia, NM 88210			Wildcat Morrow		
4. Well Location			<u> </u>		
Unit Letter D: 130	0 feet from the North	line and 990	feet from the Wes	st line	
Section 28	Township 11S Range	34E NMPM	County	100	
	Elevation (Show whether DF, RKB, F		County	Lea	
	4188' GR	.,, .,, .,,			
11. Check Appropriate B	ox to Indicate Nature of Notice,	Report or Other Data	CT 42	11. A M 中的 10.00 C G	
· · · · · · · · · · · · · · · · · · ·	INTENTION TO:	SUBSEQUENT	REPORT OF		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		7		
7 EN ORM REMEDIAL WORK	PLOG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB	1		
OTHER:		OTHER: Add Morr	- ow Perfs	X	
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date					
	ork). SEE RULE 1103. For Multiple Co				
or recompilation.	,		proposed completion		
4-14-04 Perforated M	orrow 12165-70', 12176-80',	12182-89', 12191-200' and 1	2203-07' (6 SPSB)W/	4 7 420	
.42" holes.			222	~°&}	
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			E1 5/1/2	00199	
LATS Willes			311101	682	
Thereby certify that the information	ition above a true and complete to the b	est of my knowledge and belief.	Distriction of the		
SIGNATURE	TITLE_	Regulatory Compliance Techn	ician DATE	4/15/04	
Type or print name Sto	rmi Davis		Telephone No. 505	5-748-1471	
(This space for State use)			тетерноне по. 503	J-1+0-1411	
APPROVED BY	u. 1.). Winde TITLE		AF	PR 2 0 2004	
Conditions of approval, if any:	7 00 0-11,	D REPRESENTATIVE HISTAFF M	ANAGER DATE	R 2 0 2004	
.,	OC HEL	N Limi IVana			

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