

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
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

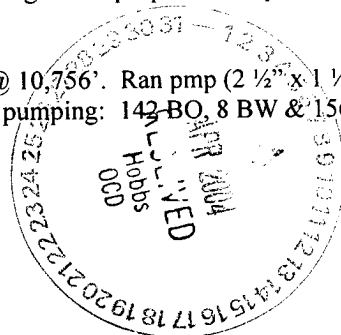
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-36259
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> P <input type="checkbox"/>
2. Name of Operator Pecos Production Company		6. State Oil & Gas Lease No.
3. Address of Operator 400 W. Illinois, Ste 1070, Midland, TX 79701		7. Lease Name or Unit Agreement Name:  Overland
4. Well Location  Unit Letter <u>V</u> : <u>1276</u> feet from the <u>South</u> line and <u>1724</u> feet from the <u>West</u> line  Section <u>2</u> Township <u>16S</u> Range <u>37E</u> NMPM Lea County		8. Well No. 1
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3791' GR		9. Pool name or Wildcat East Dean-Wolfcamp

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
<b>NOTICE OF INTENTION TO:</b> 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"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input 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: Installation of Artificial Lift <input checked="" 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 recompletion.	

3/12/04 - 3/24/04- MIRU. Release pkr & TOO H w/tbg, pkr & SN. TIH w/2 7/8" tbg & set @ 10,756'. Ran pmp (2 1/2" x 1 1/2" x 6' x 30' pmp) & rods, spaced out, hang on, loaded & tested ok. Return well to production. Well pumping: 142 BO, 8 BW & 156 MCF.



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

SIGNATURE Dora Lara TITLE Engr. & Operations Asst. DATE 4/07/04

Type or print name Dora Lara Telephone No. (432) 620-8480

(This space for State use)

APPROVED BY Gary W. Winkler FIELD REPRESENTATIVE II/STAFF MANAGER DATE APR 15 2004  
Conditions of approval, if any