xSubmit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Revised March 25, 1999 Energy, Minerals and Natural Resources District I 1625 N. French Dr., Hobbs, NM 88240 WELL API NO. District II 30-041-00137 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 5. Indicate Type of Lease District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 STATE FEE X Santa Fe, NM 87505 District IV State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A MILNESAND UNIT DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other INJECTION Name of Operator 8. Well No. 195 J. CLEO THOMPSON Address of Operator 9. Pool name or Wildcat 325 N. ST. PAUL, SUITE 4300, DALLAS, TX 75201 MILNESAND (SAN ANDRES) Well Location Unit Letter P: 660 feet from the SOUTH line and 660 feet from the EAST line Section Township 8S Range 34E **NMPM** County R00SEVELT 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4240 (GL) 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT PULL OR ALTER CASING** MULTIPLE CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: MIT FOR OCD 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. 1.) 3-23-04 LINED PIT & BLED WELL DOWN, LAYED DOWN APPROX. 30 JTS W/HOLES & PITS. 2.) 3-24-04 RIH W/TBG, POOH LAYING TBG DOWN, UNLOADED 144 JTS, TALLIED & PU 131 JTS. 3.) 3-25-04 CIRCULATE PACKER & PERFORM MIT TEST. RIG DOWN. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE ( TITLE FOREMAN DATE April 2, 2004 Type or print name JOHN HUGHES Telephone No. (432)634-8403 (This space for State use) OC FIELD REPRESENTATIVE II/STAFF MANAGERDATE Conditions of approval, if any:

