4						
Submit 3 copies to Appropriate District Office	St	ate of New Mexico			Form C-103	
DISTRICT I	Energy, Min-	erals and Natural F	Resources		Revised March 25, 1999	
1625 N. French Dr., Hobbs NM 88240 DISTRICT II				WELL API NO.		
1301 W. Grand Avenue, Artesia NM 88210		SERVATION DINGS South St. Francis		30-025-36581		
DISTRICT III 1000 Rio Brazos Rd., Aztec NM 87410				5. Indicate Type of Lease STATE X FEE		
1000 Rio Brazos Rd., Aztec NM 87410 Santa Fe, New Mexico 87504-2088 DISTRICT IV					6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				V	VA-1991	
(DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVOIR. USE "APP PROPOSALS.)		EEPEN OR PLUG BACK	TOA		Unit Agreement Name State Unit	
1. Type of Well: Oil Well Gas Well X Other				Wiche	Otato Offic	
2. Name of Operator	s Petroleum Corpo	oration	· · · · · · · · · · · · · · · · · · ·	8. Well No.	1	
3. Address of Operator 105 South 4th Str., Artesia, NM 88210					9. Pool Name or Wildcat Wildcat Mississippian	
4. Well Location Unit Letter O : 1250	feet from theS	outh line and	1650	feet from the	East line	
Section 13 T	ownship 10S	Range 34E	NMPM	County	Lea	
10. Ele	evation <i>(Show whether I</i> 4158' GR		.)			
11. Check Appropriate Box	to Indicate Nature o	f Notice, Report, o				
NOTICE OF IN	TENTION TO:		SUBSEQUE	NT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL V	ORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE	DRILLING OPNS.	PLUG AND ABANDONN	IENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TES	T AND CEMENT JOB	一	_	
OTHER:		OTHER:	Interme	ediate Casing	X	
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.						
4-6-04 TD 12-1/4" hole is w/1390 sx 35:65 POZ C hole to 8-3/4" and resum	w/additives. Taile ned drilling.	d in w/200 sx Cla	ss C Neat. Cer	/	CAL 10 10 10 10	
SIGNATURE	- Janes	TITLE Regula	ory Compliance Te	chnician DATE	4/12/04	

Type or print name Stormi Davis

(This space for State use)

APPROVED BY Tank Davis

TITLE OC FIELD REPRESENT

Telephone No. 505-748-1471 APR 1 9 2004

Conditions of approval, if any:

TITLE OC FIELD REPRESENTATIVE ILISTATE MANAGER