Submit 3 Copies To Appropriate District Office	State of New		Form C-103
District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and	Natural Resources	Revised March 25, 1999
District II	· OT - GO: 10 - 11		WELL API NO. 30-025-30861
811 South First, Artesia, NM 87210 District III	OIL CONSERVAT		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	2040 South		STATE  FEE
District IV 2040 South Pacheco, Santa Fe, NM 87505	Santa Fe, N	M 87505	6. State Oil & Gas Lease No.
	AND DEDODES OF THE		E-8183
(DO NOT USE THIS FORM FOR PROPOSALS DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.)  1. Type of Well:	AND REPORTS ON W TO DRILL OR TO DEEPEN ON FOR PERMIT" (FORM C-	OP DI IIC DACK TO A	7. Lease Name or Unit Agreement Name:
Oil Well X Gas Well	Other		West Pearl Queen Unit
	011 & Gas Corpor	ation	8. Well No. 191 .
	Box 352		9. Pool name or Wildcat
4. Well Location Midlan	d. TX 79702		Pearl Queen
	310 feet from the	South	1210
			1310 feet from the West line
DOCCIOIS	Township 19	S Range 35E	NMPM Lea County
	. Elevation (Show whet	her DR, RKB, RT, GR, e	c.)
11. Check Appr	opriate Box to Indica	ate Nature of Notice.	Report or Other Data
NOTICE OF INTE	NTION TO:		SEQUENT REPORT OF
PERFORM REMEDIAL WORK P	.UG AND ABANDON [	REMEDIAL WOR	RK ALTERING CASING
TEMPORARILY ABANDON C	HANGE PLANS	COMMENCE DE	RILLING OPNS. PLUG AND
PULL OR ALTER CASING M	ULTIPLE	CASING TEST A	ABANDONMENT
	OMPLETION	CEMENT JOB	טאו טאו
OTHER:		OTHER: Red	uest TA Status
12. Describe proposed or completed o	perations. (Clearly state	all pertinent details and	oire partinent datas (m.1)
or recompilation.	E RULE 1103. For Mu	Itiple Completions: Atta	give pertinent dates, including estimated date ch wellbore diagram of proposed completion
•			•
3/21/04 Lay down rods	& tbg. Flange up v	vith one joint.	
4/9/04 Set Packer @ 4.	500'. Pressure cas	ing to 500 psi over	a 30 minute period. The test was
deemed success	iful. Gary Wink wi	tnessed test and too	k chart to OCD. Request TA Status
and a copy of cl	nart.		. (12000000000000000000000000000000000000
	•		
			1.18
	Thie Annre	val of Temporary	ILLIAN WED
• •	Abandont	ent Expires	7/10/07 Hobbs
	, and a second	,	\cdot
I hereby certify that the information ab	ove is true and complete	to the best of my knowle	doe and halles
	10	-	. 31501
SIGNATURE (Mgul		TLE Production	Analyst DATE 4/30/04
Angie Cyawford Type or print name		cawford@xericoil	432–683–3171
(This space for State use)			
APPPROVED BY	1 1 b 2	FIELD REPRESENTA	TIVE II/STAFF MANAGER
Conditions of approval, if any:	T	1LE	DATE
0			MAY 1 1 2004

