| Office Office   | State of New M  |                         |  | Form C-103  |
|---|---|-------------------------|--|---|
| District I  | Energy, Minerals and Na   | tural Resources         | WELL ADING                                     | March 4, 2004   |
| 1625 N. French Dr., Hobbs, NM 88240 District II   |   | WELL API NO.            | 30-025-36689                                   |   |
| 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION   |   | 5. Indicate Type        | e of Lease                                     |   |
| 1000 Rio Brazos Rd. Aziec. NM 87410   |   | STATE FEE XX            |  |   |
| District IV<br>1220 S. St. Francis Dr., Santa Fe, NM  | Santa Fe, NM 8  | 87505                   | 6. State Oil & C                               | Gas Lease No.   |
| 87505   |   |                         |  |   |
| SUNDRY NOTICE   | ES AND REPORTS ON WELL  | LS                      | 7. Lease Name or Unit Agreement Name           |   |
| DIFFERENT RESERVOIR. USE "APPLICA"  | (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 |                         |  | Owl   |
| PROPOSALS.)  1. Type of Well:   |   |                         | 8. Well Numbe                                  | r   |
| Oil Well XX Gas Well C  | Other   |                         | 1  |   |
| 2. Name of Operator   |   |                         | 9. OGRID Number                                |   |
| Capataz Operating Inc   |   |                         | 3659   |   |
| 3. Address of Operator PO Box 10549, Midland, TX 79702  |   |                         | 10. Pool name or Wildcat<br>House, Abo         |   |
| 4. Well Location  | ·   |                         |  |   |
|   | -00   |                         | 224  |   |
| Unit Letter   | 582 feet from the Nor   | line and                | feet fi  | rom the West line   |
| Section 2   | Township 20S  | Page 38E                | NMPM   | County Lea  |
|   | 11. Elevation (Show whether D.  |                         |  | County Bed  |
|   | 3573 GR   | ., .a.,, o., c.         |  |   |
| Pit or Below-grade Tank Application (For pl   |   |                         | <del></del>                                    |   |
| Pit Location: ULSectTwp   |   |                         |  |   |
| Distance from nearest surface water   |   | SectTw                  | pRng   | ;   |
| feet from theline and   | feet from theline   |                         |  |   |
| NOTICE OF INT   |   | SUE<br>REMEDIAL WOR     | BSEQUENT R RK   RILLING OPNS.                  | EPORT OF:  ALTERING CASING   7                                  |
| OTHER:  | COMPLETION  |                         | (c)<br>(c)<br>(c)                              | 50,00   |
|   |   | OTHER:                  | / c./  | 031. 1837 B   |
| <ol> <li>Describe proposed or complet<br/>of starting any proposed work<br/>or recompletion.</li> </ol> | k). SEE RULE 1103. For Multi  | iple Completions: A     | ad give pertinent da<br>attach wellbore diag   | gram of proposed completion                                     |
| ·   | <b>A</b>  |                         |  | 1816181219  |
|   | -staked location  | 82' South               | (582 <b>'</b> ) due                            | to  |
| surface condition   | on <b>ø</b> .   |                         |  |   |
|   |   |                         |  |   |
| I hereby certify that the information ab<br>grade tank has been/will be countracted or to               | of is true and complete to the  | best of my knowled      | ge and belief. I furt<br>or an (attached) alte | her certify that any pit or below-<br>rnative OCD-approved plan |
| X \// (\dark)   | W.  | Agent                   |  |   |
| SIGNATURE   | TITLE   | <del> </del>            | <del></del>                                    | DATE_5-12-04  |
|   | C   | apatazHSD@a             | aol.com  | DATE_5-12-04<br>Telephone Nd 32-620-882                         |
| Type or print name H Scott  (This space for State use)  | C   | apatazHSD@a<br>address: |  |   |
| Type or print name H Scott  (This space for State use)  | Pavis E-mails   | apatazHSD@a<br>address: |  |   |
| Type or print name H Scott  | C   | apatazHSD@a             |  |   |