Submit 3 Copies to Approriate District

Office

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

811 South First, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV

PROPOSALS.)

2. Name of Operator

Address of Operator

11.

Type of Well:

1220 South St. Francis Dr., Santa Fe, NM 87505

State of New Mexico Energy, Minerals and Natural Resouces

FORM C-103

Revised March 25, 1999 WELL API NO. OIL CONSERVATION DIVISION 1220 South St. Francis Drive 30-025-10768 Santa Fe, NM 87505 5. Indicate Type of Lease FEE STATE 6. State Oil & Gas Lease No. 546440 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agr (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 New Mexico BZ State NCT 8 injection GAS WELL **OTHER** OIL WELL 8. Well No. 10 Apache Corporation 9. Pool name or Wildcat Eunice North Blinebry-Tubb-Drinkard 6120 South Yale, Suite 1500 Tulsa, Oklahoma 74136-4224 660 South 660 East Feet From The Feet From The Line and 16 **23S** 37E Lea Section Township Range NMPM County

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF:

NOTICE	OF IN	TENTI	ON TO:

Remedial Work Plug and Abandon

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

DF

Perform Remedial Work Temporarily Abandon

3304'

Commence Drilling Operations

Altering Casing

Change Plans

Casing Test and Cement Job

Plug and Abandonment

Pull or Alter Casing

Other

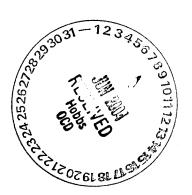
✓ Other

MIT

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.

3/31/2003

Ran Casing Integrity Test. Chart attached.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Above Calau	TITLE	Sr. Engineering Technician DATE	5/25/2004
TYPE OR PRINT NAME Kara Coday		TELEPHONE NO.	918-491-4957
(This space for State Use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY: CONDITIONS OF APPROVAL	E II/STAF	FMANAGER JU	N 1 4 2004

