Office Opies 10 Appropriate District		of New Mo			Form C-103
District I	Energy, Minera	ils and Nati	ural Resources		Revised May 08, 2003
1625 N. French Dr., Hobbs, NM 88240 District II				WELL API NO	
301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			30-025-3676		
District III 1220 South St. Francis Dr.			ncis Dr.	5. Indicate Typ STATE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505				6. State Oil & 0	
1220 S. St. Francis Dr., Santa Fe, NM 87505	Surru	1 0, 1 111 0	7000	o. State On &	Gas Lease No.
	S AND REPORTS			7. Lease Name	or Unit Agreement Name
(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 PROPOSALS.)				Greenwood	
1. Type of Well:				8. Well Number	
Oil Well Gas Well Other				#20	
2. Name of Operator Zia Energy, Inc.				9. OGRID Number 25616	
3. Address of Operator 2203 Timberloch Place, Suite 229, The Woodlands, TX 77380				10. Pool name or Wildcat Eunice San Andres; SW	
4. Well Location					
Unit Letter N :	330 feet from the	he South	line and	2310 feet fr	om the West line
Section 9	Township	22S R	ange 37E	NMPM Lea	County
	11. Elevation (Show 3402' GR				
12. Check Ap	propriate Box to	Indicate N	Nature of Notice,	Report or Othe	r Data
NOTICE OF INTI				SEQUENT RE	
	PLUG AND ABANDO	ON 🔲	REMEDIAL WOR		ALTERING CASING
TEMPORARILY ABANDON				ILLING OPNS	PLUG AND ABANDONMENT
	MULTIPLE COMPLETION		CASING TEST AI CEMENT JOB	ND	
OTHER:			OTHER:		
13. <b>Describe proposed or compl</b> oof starting any proposed work or recompletion.	eted operations. (C ). SEE RULE 1103	learly state a . For Multip	all pertinent details, ble Completions: At	and give pertinent tach wellbore diag	dates, including estimated da gram of proposed completion
Move in and rig up United D 7-26-04.	rilling Co Rig #24.	Rig up rot	ary tools and spuc	i well w/ 12 1/4" l	nole at <b>5245</b> hrs on
					2222425262726
					122
					10°
					SE ST TON STATE OCCU SE STATE
					8 4 4
					IE WENTED
					\\S \\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
					(15) OCD
					\20
					6611 68
I hereby certify that the information about	ove is true and com	olete to the h	est of my knowledg	e and belief	
$\mathcal{A}_{\mathcal{O}_{\bullet}}$	Jan .		Agent	- ma oviier.	9/5/04
SIGNATURE / ////	Nel	TITLE	, .go.it		DATE_8/5/04
Type or print name Gene Lee (This space for State use),				Telep	phone No. (505) 626-4292
(Time space for State use)	1 1 1	\^ E!E! \^ P	EDDECENITATIVE	II/STAFF MANA	GER OCT OF ASSE
APPPROVED BY Auf U Conditions of approval, if any	? www	THEE!	CLUESEN/MILLE	ECT CARACTER ST	_DATE
Tr,,,,,,,,,,					