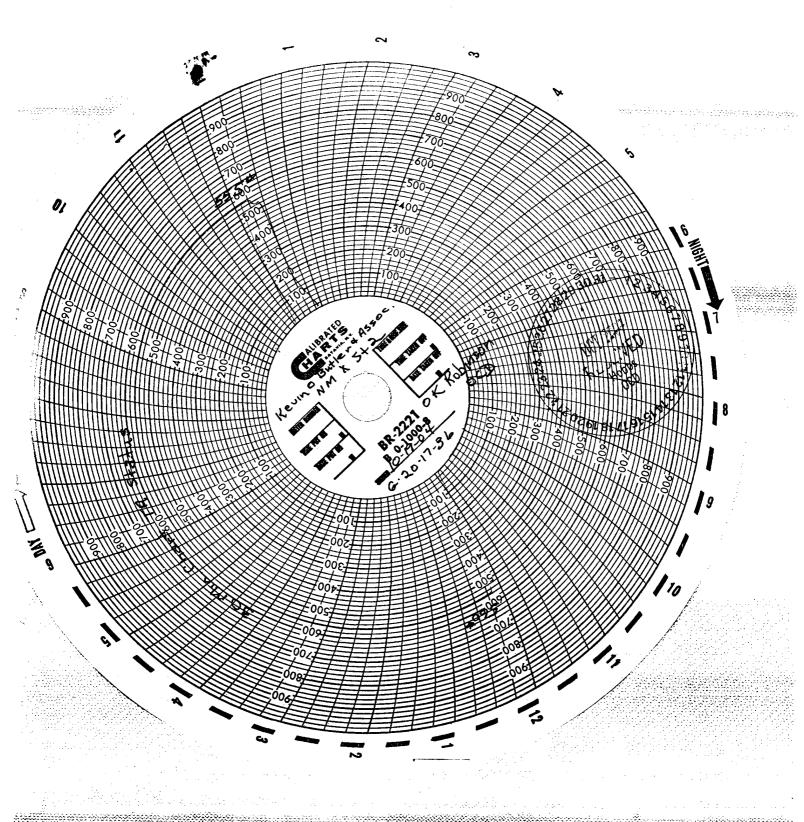
District Office	State of New Mexico		Form C-103 Revised March 25, 1999
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.
DISTRICT II 811 South First, Artesia NM 88210	OIL CONSERVATION DIVISION		30-025-03942-00-00 5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco Santa Fe, NM 87505		STATE X FEE
District IV 2040 S. Pacheco, Santa Fe, NM 87505	, 		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (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) 1. Type of Well: Oil Well X Gas Well Other			7. Lease Name or Unit Agreement Name: New Mexico X
2. Name of Operator			8. Well No.
3. Address of Operator		9. Pool name or Wildcat	
POB 1171, Midland, TX 79702		2. Tool name of Whiteat	
4. Well Location Unit letter G: 1980 feet from the N line and 1980 feet from the E line			
Section 20 Township 17S Range 36E NMPM LEA County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON ! (REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING (DPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMI	ENT JOB
OTHER: Repair Work		OTHER: TA	
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SER RUI F 1103. For Multiple Completions: Attack well-base diagrams of the starting and pro-			
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.			
MIRU HOLE LOADED W/WATER & PACKER FLUID * 19 10 10 10 10 10 10 10 10 10 10 10 10 10			
PRESSURE GSG TO 560# FOR 30 MIN (SEE ATTACHED CHART)			
HELD PRESSURE OK WITNESSED BY J. ROBINSON, OCD			
This Approval of Temporally			
Connected of	nandonment Expires	ATT !	S OCO OCO OCO
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE 3	TITLE	EAgent	DATE 10/28/04
Type or print name Bill Robinson Telephone No.432/682-1178			
APPROVED BY OC FIELD REPRESENTATIVE II/STAFF MANAGER			
APPROVED BY			
conditions of approval, it ally			NOV 0 1 200

NOV 0 1 2001



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