Submit 3 Copies To Appropriate District Office	State of New Mexico		. Form C-103
District I	Energy, Minerals and Natural Res	ources	March 4, 2004
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30 -025	21/87
District II 1301 W. Grand Avc., Artesia, NM 88210	OIL CONSERVATION DIVIS	SION $\frac{30-025}{1}$	20007
District III	1220 South St. Francis Dr	5. Indicate Type of I	ease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE [2] 6. State Oil & Gas L	
District IV 1220 S. St. Francis Dr., Santa Fc, NM	Junu 10, 1441 07505	6. State Off & Gas L	ease No.
87505			
	CES AND REPORTS ON WELLS	7. Lease Name or U	nit Agreement Name
	ALS TO DRILL OR TO DEEPEN OR PLUG BACK ATION FOR PERMIT" (FORM C-101) FOR SUCH	LEA YIA S	TATE
PROPOSALS.)	THORTORIERMIT (FORM C-101) FOR SOCI	<u> </u>	MIC
1. Type of Well:	,	8. Well Number	./
Oil Well Gas Well	Other		4
2. Name of Operator		9. OGRID Number	/
KC PESOURCES.	InC.	1229/2	2
3. Address of Operator	, SNOWMASS VILLAGE, CO	2// = 10. Pool name or Wi	Idcat
PO.BOX 6749	, SNOWMASS UITAGE, CO	8/6/5 ATRIPU	BONE SIRINGS
4. Well Location			
	1000 0.01	004	
Unit Letter :/	1980 feet from the 50074 li	ne and <u>990</u> feet from t	he <u>EAST</u> line
25	, 65	3016	County CEA
Section O	Township 185 Range 2		ounty CC/7
	11. Elevation (Show whether DR, RKB, F	T, GR, etc.)	
Pit on Polon and Track Application (Track	3 96 / GK pit or below-grade tank closures, a form C-144 m		
		·	
·	RngPit typeDepth to G		st Iresh water well
	Below-grade Tank Location ULSec	tTwpRng;	
feet from theline and	feet from theline		
12. Check A NOTICE OF INT PERFORM REMEDIAL WORK ☐  TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐	PLUG AND ABANDON  REME CHANGE PLANS  COMM	SUBSEQUENT REPO DIAL WORK AL MENCE DRILLING OPNS. PL	ORT OF: TERING CASING  UG AND
TOLE ON ALTEN GAGING		NT JOB	74.2526272830
OTHER:	OTHE	R:	` <u>D</u>
13. Describe proposed or comple	eted operations. (Clearly state all pertinent	details, and give pertinent dates, i	
	k). SEE RULE 1103. For Multiple Comp	letions: Attach wellbore diagram	of proposed completion
or recompletion.	1 2/ 05-	\60	HODIVED
SET CIBP AT APPRO	oximately 7,150', PERI	oran mIT	Hobbs CD
	, ,	\ Q.	000
		192	7
			(Car. 1519)
			-
I hereby certify that the information a	bove is true and complete to the best of m	v knowledge and belief. I further o	rtify that any nit or below-
	losed according to NMOCD guidelines [], a gene		
SIGNATURE	TITLE V.P.	LAND/MREKETING D	ATE 1/26/05
Type or print name JAMES S	E-mail address:	Telep	hone No. 7607533330
	A		
(This space for State use)	, , , 1		
APPROVED SV	<del>} } </del>	FE MEN 44.	
APPROVED BY Conditions of approval if any	J. WINGE TITLE	CENTATIVE IL/STAFF NO. D.	ATE
Conditions of approval, if any:	OC FIELD REPR	ESENTATIVE WSTAFF MAN D	IAN 3 <sup>1</sup> 2005