Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-09283

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. 024669

## 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.)

7. Lease Name or Unit Agreement Name: State A A/C 1

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: Mission Resources

8. Well No. 11Y

3. Address of Operator: 1331 Lamar Houston TX 77010

9. Pool name or Wildcat: Jalmat Tansil Yts 7R

4. Well Location
Unit Letter N : 660 Feet From The South Line and 1930 Feet From The West Line

Section 9 Township 23S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL 3494'

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 OPNS. [ ] | PLUG AND ABANDONMENT [ ] |
| PULL OR ALTER CASING [ ] | | CASING TEST AND CEMENT JOB [ ] | |
| OTHER: T/A Test [X] | | OTHER: [ ] | |

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.

Estimated start date: 4-29-05 9:00 AM

1. Load casing with 2% KCl water and corrosion inhibitor. (CIBP set at 3075)
2. Pressure test casing from surface to 3075' to 500 psi for 30 minutes. (Record test on chart for OCD subsequent report.)
3. Temporarily abandon wellbore for future use.

APR 2005
Received
Hobbs
OCD

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Joel Sisk TITLE Sr. Production Tech DATE 4-21-05

TYPE OR PRINT NAME Joel Sisk TELEPHONE NO. (505) 394-2574

(This space for State Use)

APPROVED BY Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE 4/22/05

CONDITIONS OF APPROVAL, IF ANY: