Submit 3 Copies To Appropriate District State of New Me	Exico Form C-103
District I Energy, Mineral's and Natu	
1625 N. French Dr., Hobbs, NM 88240 District II	WELL API NO
District III 1301 W. Grand Ave., Artesia, NM 88210 District III	DIVISION 5 Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 Sourte Eq. NIM 87410	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM	/5056. State Oil & Gas Lease No.OG-1529
87505	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PL DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO PROPOSALS.)	UG BACK TO A North Antelone Ridge
Oil Well Gas Well Other SWD Flowli 2. Name of Operator Other SWD Flowli	ne - 8. Well No. 19
Citation Oil & Gas Corp.	o. wen No. 19
3. Address of Operator	9. Pool name or Wildcat
P O Box 690688 Houston, Texas 77269 4. Well Location	SwDjDelaware
Unit Letter <u>G</u> : <u>1980</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>East</u> line	
Section 22 Township 23S Range 34E	NMPM Lea County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3425' DF	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
	REMEDIAL WORK
	COMMENCE DRILLING OPNS. C PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE COMPLETION	CASING TEST AND
OTHER:	OTHER: MIT
	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.	
The subject well is a SWD well. Citation MIT'd the well on 4/5/05 because of hole in the tubing (HIT) and had to repair the well.	
The workover was successful. The old tubing was pulled out of the well and replaced with new IPC tubing. After the new tubing was installed, the casing and packer were tested to confirm that the problem had been repaired. 312. Tubing & PKR @ 4953' per BL Please see attached chart.	
Please see attached chart.	
	-2051255322
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
No. 1 1 d.	
SIGNATURE THIR AND TITLE Regulatory Assistant DATE 4/12/05 Type or print name Bridget Lisenbe Telephone No. (281) 517-7186	
Type or print name Bridget Lisenbe Telephone No. (281) 517-7186	

TITLE DATE 4/22/05 Conditions of APPROVED BY______Approval, if any:



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