

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.	30-025-30999
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	State A A/C 1
8. Well No.	123
9. Pool name or Wildcat	Jalmat Tansill Yts. 7R
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GL 3485'

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 ☐ GAS WELL ☒ OTHER ☐	2. Name of Operator Mission Resources
3. Address of Operator 1331 Lamar Suite 1455 Houston TX 77010	4. Well Location Unit Letter <u>N</u> : <u>990</u> Feet From The <u>South</u> Line and <u>2250</u> Feet From The <u>West</u> Line

Section <u>9</u>	Township <u>23S</u>	Range <u>36E</u>	NMPM <u>Lea</u>	County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL 3485'				

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER: <u>T/A Test</u> ☒

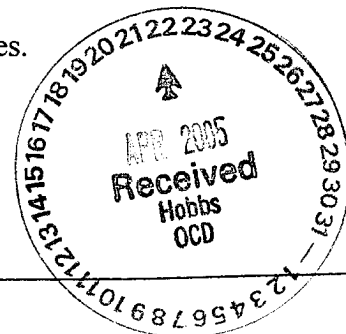
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐	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 10:00 AM

1. Load casing with 2% KCl water and corrosion inhibitor. (CIBP set at 2900)
2. Pressure test casing from surface to 2900' to 500 psi for 30 minutes.
(Record test on chart for OCD subsequent report.)
3. Temporarily abandon wellbore for future use.



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

OC DISTRICT SUPERVISOR/GENERAL MANAGER

APPROVED BY Chris Williams TITLE _____ DATE 4/22/05
CONDITIONS OF APPROVAL, IF ANY: