

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised May 08, 2003

WELL API NO. <u>30-025-27400</u>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <u>STEELER - LEA</u>
8. Well Number WELL #1
9. OGRID Number
10. Pool name or Wildcat

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> DISPOSAL	7. Lease Name or Unit Agreement Name <u>STEELER - LEA</u>
2. Name of Operator CHAPARRAL S.W.D.	8. Well Number WELL #1
3. Address of Operator P. O. BOX 1769 EUNICE, NM 88231	9. OGRID Number
4. Well Location Unit Letter <u>B</u> : <u>660</u> feet from the <u>NORTH</u> line and <u>1650</u> feet from the <u>EAST</u> line Section <u>17</u> Township <u>23</u> Range <u>37</u> NMPM County	10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

13. 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.
1. RIG UP EUNICE WELL SERVICE
 2. DROPPED STANDING VALVE PRESSURED UP
 3. UNSEATED PACKER CAME OUT HOLE
 4. RAN NEW PACKER & SET @ 3043"
 5. LOADED BACK SIDE W/ 47 BBLs. PACKER FLUID
 6. PUMPED 500 GAL. TOLUENE DOWN TUBING
 7. RIGGED DOWN
 8. TESTED CASING & PUMPED 1000 GAL. 22% NEFE ACID
 9. BIG PUMP DOWN - SHAFT BAD
 10. WELL WENT ON VAC.



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

SIGNATURE Paul Prather TITLE PARTNER DATE 04-21-05
Type or print name PAUL PRATHER Telephone No. (505) 394-2545
(This space for State use)
APPROVED BY Chris Williams TITLE Chris Williams, District Supervisor
Conditions of approval, if any: 4/26/05

