Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	May 27, 2004 WELL API NO.
District II	OIL CONSERVATION DIVISION	30-025-29296
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	,	Federal Unit Agreement Federal
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name CENTRAL CORBIN QUEEN UNIT
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		Agreement NMNM84603X
PROPOSALS.) 1. Type of Well: Oil Well Gas Well OtherWIW		8. Well Number 401
2. Name of Operator		9. OGRID Number
Latigo Petroleum, Inc.		227001
3. Address of Operator 550 W. Texas, Suite 700 Midland, , TX 79701		10. Pool name or Wildcat Corbin Queen, Central
4. Well Location	A. J. March Co.	
Unit Letter C:	feet from the North line and 19	980 feet from the West line
Section 9	Township 18S Range 33E	NMPM CountyLEA
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 3965' GL	.)
Pit or Below-grade Tank Application o		· · · · · · · · · · · · · · · · · · ·
Pit typeDepth to Groundw	aterDistance from nearest fresh water wellDis	stance from nearest surface water
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PLUG AND ABANDON ALTERING CASING ALTERING CASING ALTERING		
I hereby certify that the information	above is true and complete to the best of my knowledge	TO SI DI EL ZILLOLO
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/yill be constructed or closed according to NMOCD guidelines, a general permit or an (attached) alternative OCD-approved plan		
SIGNATURE AMAN &	Mddlesfan TITLE Production Analyst	DATE 06/07/2005
Type or print name Donna Huddless For State Use Only	E-mail address: dhuddle work	DATE 06/07/2005 MANA TELEPHONE No. (432)684-4293
APPROVED BY:). Wind. TITLE	DATE JUN 1 0 2005
Conditions of Approval (if any)	I LA I IVV AK LI LILE	DATE ~ ~ ZUUJ
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