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Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office Energy, Minerals and Natural Resources	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II	WELL API NO. 30-025-28863
1301 W. Grand Ave., Artesia, NM 88210 District III	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No. LC 067715
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name:
(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	Unit 891008492B
PROPOSALS.) 1. Type of Well:	Antelope Ridge Unit
Oil Well Gas Well Other	8 W-11 N- 0
2. Name of Operator Citation Oil & Gas Corp.	8. Well No. 9
3. Address of Operator	9. Pool name or Wildcat
P O Box 690688 Houston, Texas 77269 4. Well Location	Antelope Ridge Devonian
4. Well Location	
Unit Letter P: <u>1285</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>East</u> line	
Section 33 Township 23S Range 34E NMP	
10. Elevation (Show whether DR, RKB, RT, GR, etc. 33927' GR	c.)
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 WOR	
	MENNOL DATE AD 2003
OTHER: DTHER: Ac	id Stimulate
12. Describe proposed or completed operations. (Clearly state all pertinent details, and g of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attac or recompilation.	
Shut down compressor, bled off tubing and casing pressure to plant. Pumped 25 bbls 2% csg annulus to cover all GL valves. RU and acidized Devonian perfs (14,646' – 14,671') acid with additives and 600 gals methanol. Foamed to 50 quality with CO2. Flushed with tank overnight to dissipate CO2. Well unloaded + 2 BW. Producing Devonian perfs via g $3/31/2003 - 5$ BO, 204 BW, 268 Mcf with TP of 200 psi and CP of 1200 psi.	with 2400 gals 20% Carbonate completion h CO2 and 2% KCL Opened well to test
I hereby certify that the information above is true and complete to the best of my knowled	
	la promisio - Inf
Type or print name Debra Harris Telephone No. (281) 517-	
(This space for State use)	HISTAFF MANAGER APR 0 8 200
APPPROVED BY -Lang W. Wink OGFIELD REPRESENTATION DATE	
Conditions of approval, if any:	