Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form	C-10	,
Revis	ed 1-1	.89

District Office			•	vertical 1-1-0)
DISTRICT I P.O. Box 1989; Hobbs, NM 88244	1		ON DIVISION	WELL API NO. 30-025-28510
DISTRICT II		2040 Pacheco Santa Fe,	SE. IM 87505	
P.O. Drawer DD, Artosia, NM 883 DISTRICT III	210		MAY 0 2 2003	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM	87410		MINI OP CO.	6. State Oil & Gas Lease No.
SUNDRY	NOTICES AND R	EPORTS ON WE	asB D M S	
(DO NOT USE THIS FORM F	OR PROPOSALS TO D	PRILL OR TO DEEPE	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
(F	ORM C-101) FOR SUC			State A A/C 3
1. Type of Well: Oil GA WELL WE	LП	OTHER Wate	er Injection Well	State A A/C 3
2. Name of Operator				8. Well No.
3. Address of Operator	aptor Resources,	Inc.		9. Pool name or Wildcat
. 9	01 Rio Grande, A	Austin, Texas 7	8701	Langlie Mattix SR-Q-GB
4. Well Location Unit Letter G:	1345 Fast Emm.	n _{he} Nort	h 26	515 Feet From The East Line
out tout	rearron		II Line and ZC	Feet From The East Line
Section 1	O Township		ange 36E DF, RKB, RT, GR, etc.)	NMPM Lea County
		•	3463°	
11. Cl	neck Appropriate		Nature of Notice, R	eport, or Other Data
	F INTENTION 7			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AN	ID ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE	PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING			CASING TEST AND CE	
OTHER:				A Status Test X
12. Describe Proposed or Complete	d Operations (Clearly sta	te all pertinent details a	<u> </u>	
work) SEE RULE 1103.				LNS.
Test Date	e: 3-13-03			Packer @ 3572')
		•		STAN
I. Load	casing with 2% l	KCl water and co	orrosion inhibitor. (I	Packer @ 3572') 1 65 1 3
2 Pressi	re test casing fro	m surface to 35°	72' to 500 <u>psi for</u> 30	minutes 7 RV W
	rd test on chart fo			36/2
3. Well	fail test. Request	90 days to bring	well in compliance	
	This Appr	oval of Temp	Awawa I I	HAO.
	Abandonme	ent Expires	3/19/0	8 F. MAR 2003
-			- in the state of	Hobbs FD
I hereby certify that the information abo	we is true and complete to th	e best of my knowledge an		0CD 2 17 02
SIGNATURE	b -	т	Production Foren	DATE 3-17-03
TYPE OR PRINT NAME	Joel Sisk			(505) TELEPHONE NO. 394-2574
(This space for State Use)				
		ORIGINAL SIG GARY W. WIŅ	K	MAR 1 9 2003
CONDITIONS OF APPROVAL IN ANY.		OC FIELD REP	ESENTATIVE II/STAFF	MANAGER DATE
CONDITIONS OF APPROVAL, IP ANY:				