

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

Form C-103
 May 27, 2004

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

WELL API NO. 30-041-20349
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K-4128
7. Lease Name or Unit Agreement Name Citgo State
8. Well Number 1
9. OGRID Number
10. Pool name or Wildcat Bluitt (San Andres) Assoc.

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
McDonnold Operating, Inc.

3. Address of Operator
505 N. Big Spring, Suite 204, Midland, Texas 79701-4347

4. Well Location
 Unit Letter M : 766 feet from the South line and 554 feet from the West line
 Section 16 Township 8-S Range 38-E NMPM Roosevelt County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3986 GR

Pit or Below-grade Tank Application or Closure
 Pit type STEEL Depth to Groundwater _____ Distance from nearest fresh water well > 1 mile Distance from nearest surface water > 1 mile
 Pit Liner Thickness: STEEL mil Below-Grade Tank: Volume 180 bbls; Construction Material STEEL

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 checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/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.

8 5/8" 28# csg @ 350' w/ 150 sx circ; 4 1/2" 10.5# csg @ 4,820' w/ 250 sx, TOC 3,722' calc; open perforations 4,781 - 4,798'

1. Set CIBP @ 4,731'. Circulate hole w/ mud and pump 25 sx C cmt on CIBP.
2. Perforate & squeeze 35 sx C cmt 2,678 - 2,578'. **base of salt plug**
3. Perforate & squeeze 35 sx C cmt 2,312 - 2,212'. WOC & TAG **top of salt plug**
4. Perforate & squeeze 50 sx C cmt 400 - 300'. WOC & TAG **surface casing shoe plug**
5. Circulate 15 sx C cmt 50' to surface. RDMO.
6. Cut off wellhead & anchors, install dry hole marker.

**THE OIL CONSERVATION DIVISION MUST
 BE NOTIFIED 24 HOURS PRIOR TO THE
 BEGINNING OF PLUGGING OPERATIONS.**



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/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE [Signature] TITLE Engineer DATE 08/29/05

Type or print name James F. Newman, P.E. E-mail address: jim@triplenservices.com Telephone No. 432-687-1994
For State Use Only

APPROVED BY: [Signature] TITLE _____ DATE 06 2005

Conditions of Approval (if any): _____
 OC FIELD REPRESENTATIVE II/STAFF MANAGER