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to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C 103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

P.O. Drawer DD, Artesia, NM 88210

DISTRICT II
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-08821
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	State 'A' A/C 2
8. Well No.	8
9. Pool name or Wildcat	Jalmat Tansill Yates 7 Rvrs (Pro Gas)
10. Elevauon (Show whether DF, RKB, RT, GR, etc.)	

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 checked="" type="checkbox"/> OTHER	2. Name of Operator Raptor Resources Inc
3. Address of Operator 901 Rio Grande, Austin, Tx 78701	4. Well Location Unit Letter P 660 Feet From The South Line and 660 Feet From The East Line Section 7 Township 22S Range 36E NMPM Lea County

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

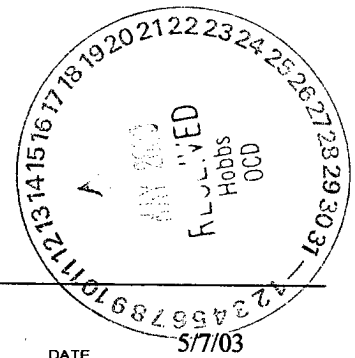
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)SEE RULE 1103.

Raptor Reasources, Inc. plans to temporary abandon the above listed well:

GIH set CIBP @ 3100'

Run a casing intergerty test with a chart.

The OCD will be notified 24 hrs prior to the testing of the well.



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

SIGNATURE Bill R. Keathly TITLE Agent For Raptor Resources DATE 5/7/03

TYPE OR PRINT NAME Bill R. Keathly

TELEPHONE NO. 915-697-1609

(this space for State Use)

APPROVED BY Larry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAY 15 2003

CONITIONS OF APPROVAL, IF ANY: