

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

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

Form C-103
Revised May 08, 2003

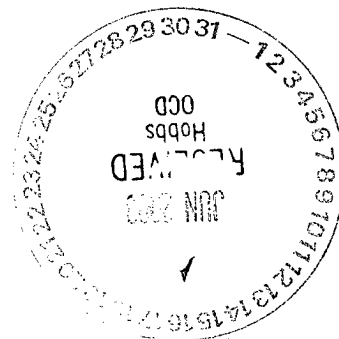
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|---|
| WELL API NO. 30-025-07506 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. 014959 |
| 7. Lease Name or Unit Agreement Name Clara Fowler |
| 8. Well Number 4 |
| 9. OGRID Number 013300 |
| 10. Pool name or Wildcat Bowers Seven Rivers |

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| 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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | |
| 2. Name of Operator Lewis B. Burleson, Inc. | |
| 3. Address of Operator P.O. Box 2479 Midland, Texas 79702 | |
| 4. Well Location Unit Letter F : 1650 feet from the North line and 2310 feet from the West line Section 31 Township 18-S Range 38-E NMPM Lea County | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3650' GR | |

| | |
|---|---|
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | |
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/> | SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Putting well back on production <input checked="" 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.

6/5/2003 Ran rods and tubing to TD
Back on production



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

SIGNATURE Steven L. Burleson TITLE Vice-President DATE 6/12/2003

Type or print name Steven L. Burleson Telephone No. 915/683-4747

(This space for State use)

APPROVED BY Gayle W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER

Conditions of approval, if any:

JUN 18 2003