State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. 2040 Pacheco St. 30-025-04278 Santa Fe, NM 87505 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 sIndicate Type of Lease FEE X STATE DISTRICT III State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" H.S. Record (FORM C-101) FOR SUCH PROPOSALS.) 1Type of Well: GAS X WELL 8Well No. 2Name of Operator Ralph C. Bruton 3Address of Operator Pool name or Wildcat 3500 Acoma Hobbs New Mexico 88240 Eumont Yates 7 RVRS-Queens(oil) 4Well Location 1650 Feet From The North Unit Letter Line and Feet From The East 20-S 36-E Range Township County 10 Elevation (Show whether DF, RKB, RT, GR, etc.) 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER: 2Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. 6-10-03 Spot 25 sx Class C 3750'-3503' WOC 6-11-03 TİH Attempt to tag. No plug. Spot 25 sx Class C 3750'-3503'. WOC Tag @ 3475'. Pump Mud laden Fluid. Spot 250sx Class C 6-12-03 Perforate 4 SPF @ 1600' Not able to pump in. Spot 25 sx Class C 1664'-1417'. WOC. Tag @ 1405'. Perforate 4 SPF @ 355'. Break circulation out surface. Pump 90 sx Class C no cement to surface. WOC 6-13-03 Tag @ 130'. Fill up 5-1/2" Casing 130'-Surface WOC. 20 sx Class C. Cut off Cap & Install dry hole marker. Approved as to plugging of the Well Bore. Liamairy under bond is retained until orface restoration is completed. I hereby certify that the inforce nd complete to the best of my knowledge and belief. SIGNATURE TYPE OR PRINT NAME

OC FIELD REPRESENTATIVE II/STAFF MANAGER

CONDITIONS OF APPROVAL, IF ANY

(This space for State Use)