Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 May 27, 2004
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natur	rai Kesources	WELL API NO.
District II	OIL CONSERVATION DIVISION		30-025-00285
1301 W. Grand Ave., Artesia, NM 88210 District.III	1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fc, NM 87	7	
1220 S. St. Francis Dr., Santa Fe, NM	,	6. State Oil & Gas Lease No. 08559	
87505 SUNDRY NOT	ICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name 3017
(DO NOT USE THIS FORM FOR PROPO	DSALS TO DRILL OR TO DEEPEN OR PLE ICATION FOR PERMIT" (FORM C-101) FO	JG BACK TO A	ROCK Queen Unit
1. Type of Well: Oil Well Gas Well \ Other In Section			8. Well Number 208 108
2. Name of Operator			9. (XiRID Number
CAPRICK EXPLORATION, INC			2675
3 Address of Operator			10. Pool name or Wildcat
Po. Box 7238 Odessa, TX 79760 Caprock sheen			
4. Well Location Unit Letter P : 660 feet from the S line and 990 feet from the E line			
Section 19 Township /3 & Range 32 E NMPM County Chaucz			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
And the second s			
Pit or Helow-grade Tank Application		enter well Di	sburge from wentest surface water
Pit type Depth to Ground Pit Liner Thickness: mi		<del></del> -	Construction Material
	******		
12. Check	Appropriate Box to Indicate N		
NOTICE OF I	NTENTION TO:		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	<u> </u>	REMEDIAL WO	
TEMPORARILY ABANDON DULL OR ALTER CASING	CHANGE PLANS   MULTIPLE COMPL	CASING/CEME	<u>=</u>
PULL OR ALTER CASING	) MIDE TIPLE COMPL	1	
OTHER:		OTHER:	Ande well #
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.			
or recompletion,			. 41. 108
	1001 # 068	to we	L # 100
Change well # 068 to well # 108  no Renedial work			
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			15345
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 becarry in be constructed or closed according to NMOCD guidelines   , a general permit   or an (attrached) alternative OCD approved plan   .  SIGNATURE   DATE   DATE   DATE    For State Use Only  APPROVED BY:   DATE   DA			
$0.0 \cdot \lambda_{\sim}$			DAIN: 57 145
SIGNATURE VALLE X	TITLE_	0 - 01/50 4	DATE O// 100
Type or print name	- E-mail	address:	Telephone No 1975
For State Use Only			101NEEK 432-857 -1.
4 BODAVED DV	TUME O	-, INN E	DATE
APPROVED BY: Conditions of Approval (if any):	IIILE_	CTROLEUM.	· · · · · · · · · · · · · · · · · · ·
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