PLEASE SCAU!

MELL API NO. 30 - 20.5 - 28 / 6.2	Submit 3 Copies To Appropriate District State of New Mex Office District 1 State of New Mex Energy, Minerals and Natur		
Signature Sign	1625 N. French Dr., Hobbs, NM 88240	STETT ADT NO	
Diminitary State Fee	District II UV & 2005 OIL CONSERVATION 811 South First, Artesia, NM 88210	5. Indicate Type of Lease	
State Oil & Gas Lease No.	District III 2040 South Pach	CO STATE FEE	
SUNDRY NOTICES AND REPORTS ON WELLS	SALIA EE INIVI O /.		
ODNOTUSE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERN TRESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS) 1. Type of Well: OI Well		7 Years Name on Unit Agreement Name:	
1. Type of Well: Gas Well Signature Gas Well Signature Gas Well	(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU- DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR	G BACK TO A R SUCH	
3. Address of Operator P. O. BOX 827, TATUM, NM 88267 4. Well Location Unit Letter	1. Type of Well: Oil Well Gas Well Other BRINE WELL		
3. Address of Operator P. O. BOX 827, TATUM, NM 88267 4. Well Location Unit Letter M: 593 feet from the SOUTH line and 639 feet from the WEST line Section 20 Township 12S Range 36E NMPM County LEA 10. Elevation (Show whether DR, RKB, RI, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recomplisation. 9-6-05 HOLE IN THE TUBING PULL TUBING AND TEST CASING DRILL BACK DOWN TO APPROXIMATELY 2800' RETURN TO MAKING BRINE Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE SECRETARY/TREASURER DATE 9-9-05	2. Name of Operator GANDY CORPORATION	8. Well No.	
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Type or print name LANRY GANDY Telephone No. 505-398-4966	SIGNATURE handy TITLE SH	ECRETARY/TREASURER DATE 9-9-05	
(This space for State use)			
APPPROVED BY		DATE	