

Submit 3 Copies
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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.	30-025-08823
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	

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"/>	7. Lease Name or Unit Agreement Name State A A/C 2
2. Name of Operator Mission Resources Inc.	8. Well No. 11
3. Address of Operator 1100 Louisiana, Suite 4400 Houston TX 77002	9. Pool name or Wildcat Eunice 7 Rvrs Queen, South
4. Well Location Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line Section 7 Township 22S Range 36E NMPM Lea County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3617' DF

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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: Retest for T/A Status <input checked="" 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.

Estimated start date: 12/20/2005 8:00 AM

1. Load casing with 2% KCl water and corrosion inhibitor. (CIBP set at 3080)
2. Pressure test casing from surface to 3080 to 500 psi for 30 minutes.
(Record test on chart for OCD subsequent report.)
3. Request T/A status for 5 years.

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

SIGNATURE Joel Sisk TITLE Production Foreman DATE 11/28/2005
TYPE OR PRINT NAME Joel Sisk (505) TELEPHONE NO. 394-2574

(This space for State Use)

APPROVED BY Harry W. Wink TITLE OCD FIELD REPRESENTATIVE II/STAFF MANAGER DATE NOV 29 2005
CONDITIONS OF APPROVAL, IF ANY: