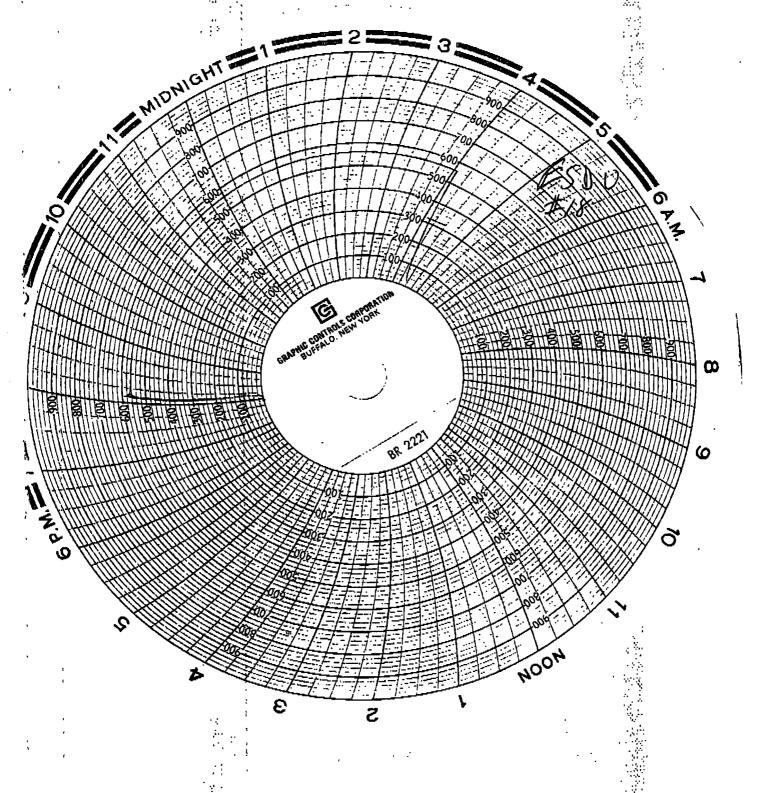
Submit 3 Copies 10 Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 May 27, 2004
District I 1625 N. French Dr., Hobbs, NM 88240 District II	•		WELL: API NO. 30-413-37368
1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		5. Indicate Type of Lease X Federal STATE FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	ict IV Santa Fe, NM 8/505 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No. NM 106715
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			7. Lease Name or Unit Agreement Name East Shugart Delaware Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other – Water Injection			8. Well Number 18
Name of Operator St. Mary Land & Exploration Company			9. OGRID Number 154903
3. Address of Operator 580 Westlake Park Blvd., Houston, TX 77079			10. Pool name or Wildcat East Shugart Delaware Unit
4. Well Location			
Unit Letter 1: 200 feet from the FNL line and 1025 feet from the FWL line Section 19 Township 18S Range 32E NMPM County Lea			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3721' Pit or Below-grade Tank Application or Closure			
Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance from nearest surface water			
Pit Liner Thickness: mil	Below-Grade Tank: Volume		Penert or Other Date
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON			
_	MOLTIPLE COMPL []	16	
OTHER: 13. Describe proposed or complete.	eted operations. (Clearly state all	other: MIT pertinent details, and	d 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.			
30 min test on 10/14/05.			
			R-11254
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 been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.			
SIGNATURE / Drace	4. German TITLE	_Production Tech_	DATE11-16-05
Type or print name Marcie St. Germain E-mail address: <u>mstgermain@stmaryland.com</u> Telephone No. 281-677-2772 For State Use Only			
APPROVED BY: Lau W. Wind TITLES FIELD REPRESENTATIVE IL/STAFF MANDATE 0 5 2005			
Conditions of Approval (if any):	-		



57 MARY 5 ESDUFIE 30 MIN. Test 800 # 830 # 10/14/05