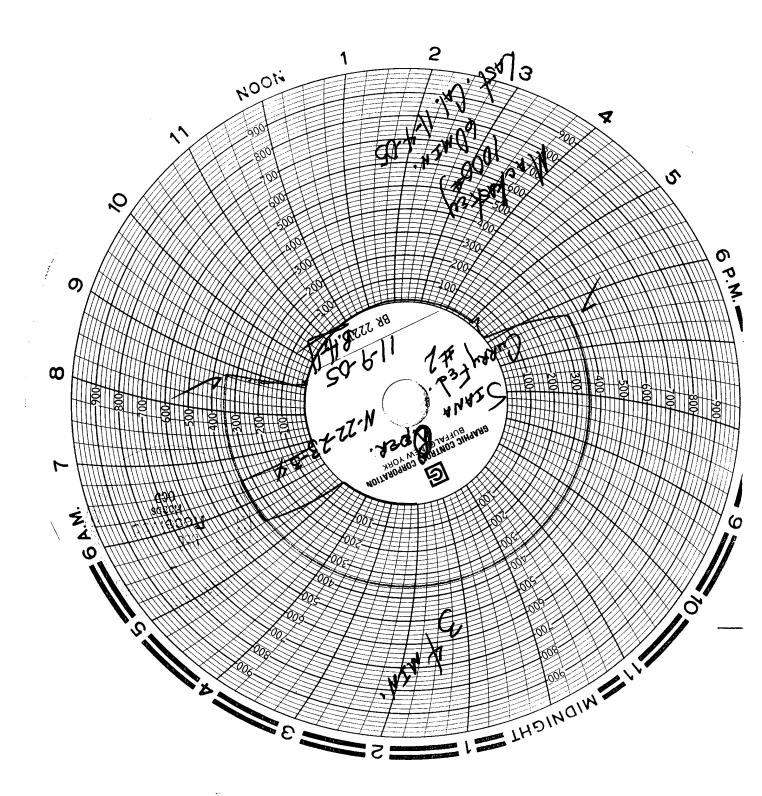
Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u>	Energy, Minerals and Natural Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO.
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-24003
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	5. Indicate Type of Lease Falack STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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.)		Curry Federal
1. Type of Well: Oil Well	Gas Well Dother Sw	8. Well Number
2 1		9. OGRID Number
2. Name of Operator  Siana Operating, LLC		168687
3. Address of Operator		10. Pool name or Wildcat
P. O. Box 10303, Midlar	nd, TX 79702	SWD: Delaware
4. Well Location		
Unit Letter N: 660 feet from the South line and 1830 feet from the West line		
Section 22 Township 23-S Range 34-E NMPM Lea County		
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	3476' GL	
Pit or Below-grade Tank Application or Closure		
Pit typeDepth to GroundwaterDistance from nearest fresh water well Distance from nearest surface water		
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK		
<del></del>	<del>_</del>	RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	IT JOB
OTHER:	OTHER: Both	www.wall.to.CMD.anaustiana
	OTHER: Ret	urn well to SWD operations.
13. Describe proposed or comp	pleted operations. (Clearly state all pertinent details, an	nd 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.		
1.) NU wellhead. Called OCD – performed MIT test. Held 300# for 34 mins – good test-		
Mr. Buddy Hill signed off on chart – Hector DeLeon witnessed test.		
		123456780
		(B) 30)
		112131478 FRECOING FRECOING PR
		(2) F. 23
SWI	1:58g	हि हुई है के
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 .		
C 7717 076 100 100		
SIGNATURE / myc /h. L. TITLE Production Clerk DATE 012/09/05		
Toma an maint narra	OC DISTRICT SUPERVISOR/GEN E-mail address:	ERAL MANAGER Telephone No.
Type or print name For State Use Only TONYA M.	REECE E-man address.	432-682-2338
101 State Ost Omy	9.1.7	
APPROVED BY:	Millom TITLE HERVISOR/GENER	AL MANAGER DECE 1 / 2005
Conditions of Approval (if any):	PAGE BUSHINGS CHEST PROFILE AND ADDRESS OF THE PAGE AN	TEC 1 4 2005

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