Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District I	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		30-025-12/23 5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE   FEE
District IV	Santa Fe, NM 8/505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			30112
	ICES 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.)			EDITH BUTLER
1. Type of Well: Oil Well  Gas Well  Other			8. Well Number 45
2. Name of Operator			9. OGRID Number
EMPURA E	way ILC		215819
3. Address of Operator	1100 1100	*	10. Pool name or Wildcat
P.O. Box 1631 HBBS, D. W. 88240 Paddeck/Be melony / Brusaw Brind of Alle			
and the same of th			
Section / Township 22-5 Range 3B-E NMPM County LEA  11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3353 OF			
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 A	Appropriate Box to Ind	licate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING			
TEMPORARILY ABANDON	CHANGE PLANS		
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	
_		G TO TO TO EMILE.	565
OTHER:	1 ( 1 ) ( (01 )	OTHER:	
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.  Rig up is some of Paddock perts. (5154-5233)  FRACTURE treat Blue bry perts from 5130-5740, using  LEGGED who is treatment as Allowards Dec.			
- 1 1 1 31 h a from \$1.30 - 5740. Using			
FRACTURE treat 15twe dry Perts 4.011 3050 010, 4014			
LESLED WHR 3 treatment AS RED MENONDED.			
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I hereby certify that the information	above is true and complete	to the best of my knowledge	ra and baliaf I further south that
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 Jenie Janu	<u>′</u> Т	ITLE MANAGE	DATE 2-2-06
Type or print name	F	E-mail address:	Telephone No.
For State Use Only	10		
APPROVED BY: (Aus /	William T	ITLE West. A	Supervior DATE 2/2/06
Conditions of Approval (if any):	*		1-100