

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised June 10, 2003

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO.
 30-025-02395

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.
 Federal Sodium Lse #M40-044355-0

7. Lease Name or Unit Agreement Name
 Federal
 Marathon Road Water Station Brine Well

8. Well Number
 1

9. OGRID Number
 003474

10. Pool name or Wildcat

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 Gas Well Other BRINE WELL

2. Name of Operator
 C. W. Trainer

3. Address of Operator
 c/o Oil Reports & Gas Services, Inc. 1008 W. Broadway, Hobbs, NM 88240

4. Well Location

Unit Letter P : 660 feet from the South line and 660 feet from the East line
 Section 25 Township 19S Range 34E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3746 DF

12. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

R660 25-19-5-34e Lea Location is ok - gk 11-2-17

- 3/11/04 SET 5 1/2" CIBP @ 1860'.
- 3/15/04 FILL 5 1/2" CSG W/200 SXS CMT FROM 1860' TO SURFACE.
- 3/15/02 CUT OFF WELLHEAD & INSTALL DRY HOLE MARKER.

Approved as to plugging of the Well Bore.
 Liability under bond is retained until
 surface restoration is completed.



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

SIGNATURE _____ TITLE _____ AGENT _____ DATE 3/29/04

Type or print name GAYE HEARD E-mail address: gheard@oilreportsinc.com Telephone No. 505/393-2727

(This space for State use)

APPROVED BY Gaye W. Wink FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAR 31 2004
 Conditions of approval, if any: