Office		
District I Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240		May 27, 2004 WELL API NO. 30-025-34002
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSER	VATION DIVISION	5. Indicate Type of Lease
District III 1220 South St. Francis Dr.		STATE X FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No.
87505		
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.)		7. Lease Name or Unit Agreement Name Estacado 14 State
1. Type of Well: Oil Well X Gas Well Other		8. Well Number 1
2. Name of Operator		9. OGRID Number 227001
Latigo Petroleum, Inc. 3. Address of Operator P.O. Box 10340		10. Pool name or Wildcat
Midland, TX 79702-7340		High Plains; Permo Upper Penn
4. Well Location		
Unit Letter G: 1980 feet from the North line and 1980 feet from the East line		
Section 14 Township 1	4S Range 34E whether DR, RKB, RT, GR, etc.,	NMPM CountyLea
	viiciici Dit, ItiD, Ri, Git, Git.)	
Pit or Below-grade Tank Application or Closure		
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water		
Pit Liner Thickness: mil Below-Grade Tank: \(\frac{1}{2}\)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK		
OTHER:	OTHER: Reference	e to letter dated 10/16/06
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.		
In reference to letter dated 10/16/06 requiring C-129 or C-104, this well is not producing any gas.		
		TO BEST - FORESTANDERS OF STREET
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 Lisa Hunt	TITLE Regulatory Analyst	DATE 11/06/2006
Type or print name Lisa Hunt For State Use Only	E-mail address:huntl@pogop	producing.com Telephone No. (432)685-8229
APPROVED BY: Hand W. White	TITLE OC FIELD REPRESENTAT	IVE II/STAFF MANAGER

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