Submit 3 Copies To Appropriate District Office	State of New		Form C-103	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION		Revised March 25, 1999 WELL API NO. 025	
District II	2040 South Pacheco		30 -015 -36333	
811 South First, Artesia, NM 87210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		5. Indicate Type of STATE	of Lease X FEE
<u>District IV</u> 2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & G	as Lease No.
SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.) 1. Type of Well: Oil Well Gas Well	ATION FOR PERMIT" (FORM C-10		7. Lease Name or Buckeye "1" \$	Unit Agreement Name:
Name of Operator Fasker	Oil and Ranch, Ltd.	SEP 2003 %/	8. Well No.	1
3. Address of Operator	Suite 1800, Midland TX	RECEIVED NO	9. Pool name or V	
4. Well Location	dite 1000, Midiand, 17	<u>፟^ዸ፟፟፟፟</u> ፇ <u>970153116 &/</u> ፟፟፟፟፟፟፟፟፟፟፟፟	North Vacuum	n Atoka Morrow
Unit Letter D:	820 feet from the	North 678 line and	1310 feet from	m the <u>West</u> line
Section 1	Township 17S	Range 34E	NMPM	County Lea
WE WELL	10. Elevation (Show whether		:.)	
11. Check Ap	propriate Box to Indicat	e Nature of Notice, 1	Report or Other I	Data
NOTICE OF INT	FENTION TO: PLUG AND ABANDON	SUB:	SEQUENT REF	PORT OF: ALTERING CASING_
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	LLING OPNS.	PLUG AND
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A CEMENT JOB	ND	ABANDONMENT
OTHER: Set intermediate casing		OTHER:		
12. 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 recompilation.				
Drilled a 12 1/4" hole to 4995'. Set 9 with 8# salt and 1/4# Flocele (s.w. 11. of cement at 450' by temperature sur	9 ppg, yield 2.46 cubic feet/sy	x) and 200 sx Class C No	ted with 1200 sx Ha eat (s.w. 14.8, yield	lliburton Interfill "C" 1.32 cubic feet/sx). Top
			/a:	
			197	SEP 2003
			\ (\ 7.5	hlu-IVED
			16.	OCD Hobbs
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Municipal	Jaieice TITI	LE Regulatory Affairs	Coordinator	DATE9/12/03
Type or print name Jimmy D. C	arlile		Telephon	ne No. (432) 687-1777
(This space for State use)				
APPPROVED BY Jacy W. Conditions of approval, if appy:	Wink TITL	·	PENERAL MANAGE	DATE_ OCT 0 2 200
<i>T</i> , <i>T</i> ,				