

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

P.O. Drawer DD, Artesia, NM 88210

DISTRICT T11
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-09291
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	State A A/C 1
8. Well No.	38
9. Pool name or Wildcat	Jalmat Tansill Yates 7 Rvrs (Gas) 79240
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> OTHER	2. Name of Operator Raptor Resources Inc
3. Address of Operator 901 Rio Grande, Austin, Tx 78701	4. Well Location Unit Letter M 990 Feet From The South Line and 990 Feet From The West Line Section 10 Township 23S Range 36E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/> CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>
OTHER: <input type="checkbox"/>
SUBSEQUENT REPORT OF:
REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>

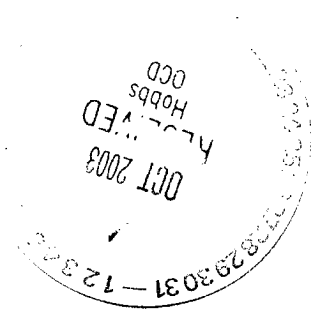
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Raptor Resources, Inc plans to temporary abandon the above listed well:

GIH set CIBP 100' above perms.

Run a casing integrity test with chart

The OCD will be notified 24 hrs prior to the testing of the well.



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

SIGNATURE Bill R. Keathly TITLE Agent For Raptor Resources DATE 9/30/03
TYPE OR PRINT NAME Bill R. Keathly TELEPHONE NO. 915-697-1609

(this space for State Use)

APPROVED BY Larry W. Wink DISTRICT SUPERVISOR/GENERAL MANAGER DATE OCT 03 2003
CONDITIONS OF APPROVAL, IF ANY