Submit 3 copies	
to Appropriate	
District Office	

to Appropriate	•					Revised 1-1-89		
District Office	State of New	v Mexico						
DISTRICT I	Energy, Minerals and Natura	I Resources L	epartment					
P.O. Box 1980, Hobbs NM 88240			WELL API NO.	30-005-2	0833			
DISTRICT II	ION DIVIS	ION	5. Indicate Type of Leas	se	-			
P.O. Drawer DD, Artesia NM 88210	2088		State X	FEE				
DISTRICT III Santa Fe, New Mexico 87504-2088				6. State Oil & Gas Leas	e No.			
1000 Rio Brazos Rd., Aztec NM 87410								
	Y NOTICES AND REPORTS ON WELLS			<u> </u>				
DIFFER	FORM FOR PROPOSALS TO DRILL OR TO ENT RESERVOIR. USE " APPLICATION F 1 C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit	Agreement Name			
1. Type of Well:				М				
OIL GAS		[/	00T 2003 5	2				
	OTHER	31	RECEIVED					
2 Norma 2/ 00 million		100	APTESIA		ESS LQ S	TATE		
2. Name of Operator	ates Petroleum Corporation	62.82	CD - AIGTEON G	8. Well No	8			
3. Address of Operator		is.	10	9. Pool Name or Wildca	ıt			
	05 South 4th., Artesia, NM 88	210 🔨	2924-7-7-200	TULK	WOLFCA	MP		
4. Well Location			<u> </u>					
Unit Letter N : 3	30 Feet From The SOUTH	Line and	F0	eet From The	WEST	Line		
Section 36 7 Town	nship 34S Range 3/ 36E	NMPM		CHAVES		COUNTY		
1	0. Elevation (Show whether DF, RK	B, RT, GR, et	c.)					
		····		<u></u>	<u> 111111111111111111111111111111111111</u>	[[]]][][][][][][][][][][][][][][][][][][
11. Check Approp	riate Box to Indicate Nature of I	Notice, Rep	ort, or Other Data					
NOTICE OF INT	ENTION TO:		SUBSEQUENT	REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL	WORK	ALTERING CASING	·	1		
	CHANGE PLANS	COMMENC]]		
		COMMENC	E DRILLING OPNS.	PLUG AND ABAND]		
PULL OR ALTER CASING]	CASING TE	ST AND CEMENT JOB					
OTHER		OTHER	CORRECTION	N FOR C-129]		
12. Describe Proposed or Co date of starting any propos	ompleted Operations (Clearly state al sed work) SEE RULE 1103.	ll pertient deta	ils, and give pertinenet			gann an mar an		
					1. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
The meter was never d	le-activated on this well as state	ed by the tr	ansporter.This well	has not vented	1 .			
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Form C-103

I hereby certify that the infor	mation above a true and complete to the best of my knowledge and belief.		n a sharan an a			
	Jonna Clack	TITLE	REGULATORY COMPL	IANCE	DATE	10/6/03
TYPE OR PRINT NAME	DONNA CLACK				TELEPHONE NO.	505-748-1471
(This space for State Use)	Faring F	ETRO	LEUM ENGINEER			
APPROVED BY	2 July June TITLE		· · · · · · · · · · · · · · · · · · ·		ост 1 6 2 [03
CONDITIONS OF APPROVA	AL, IF ANY:			C		