Office Office 10 Appropriate District	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999	
1025 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-025-35240	
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Francis Dr.			STATE FEE XX	
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM	1 87505	6. State Oil & C	as Lease No.
87505				
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.) 1 Type of Well:	ES AND REPORTS ON WE LS TO DRILL OR TO DEEPEN OI TION FOR PERMIT" (FORM C-10	R PLUG BACK TO A	7. Lease Name o	r Unit Agreement Name.
Oil Well Gas Well X C)ther			
2 Name of Operator			8. Well No	
Capataz Operating, Inc.			1	
Address of Operator PO Box 10549, Midland, TX 79702			9. Pool name or Wildcan House, Abo/House, Drinkard	
4 Well Location			,,	1
Unit Letter O : (560 feet from the So	outh line and 1	.800 feet fro	om the East line
Section 11	Township 20S	Range 38E		County
	 Elevation (Show whether 3565 GR) 	r DR, RKB, RT, GR, e		
11. Check Ap	propriate Box to Indicat	e Nature of Notice	. Report or Other	Data
NOTICE OF INT	• •		SEQUENT RE	
PERFORM REMEDIAL WORK		REMEDIAL WOR		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DE	RILLING OPNS.	PLUG AND ABANDONMENT
	MULTIPLE OMPLETION	CASING TEST A	AND D	PARTY ASHADOHADA
OTHÉR		OTHER:	VI	DMUS TO D
12. Describe proposed or completed of starting any proposed work). SEE recompilation.				
TD 11/01/03 @ 7800	'. OH Logged. H	Ran 7800' 5-1	/2" 17# Cas	ing & cemented
w/ 1150 SX 35:65 P Class "H" w/ .1% B	OZ "H" w/ _2% BW	OC FL-52 + 6	& Rentonita	
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hereby certify that the infortietion ab	overis true and complete to the	ne best of my knowled	ge and belief.	
SIGNATURE	TITL	Agent		_DATÉ
Type or print name H Scott		OEMBEL III Lawangga kanas		hone No.432-620-8820
(This space for State use)	OC FIEL	D REPRESENTATIVE	II/CTA ==	NOV 1 0 2003
APPPROVED BY Hauf W. U. Conditions of approval, it my:	IMP TITLE	3 WAINE	WO AFF MANAGE	DATE