Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Revised March 25, 1999 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-025-24984 District 11 OIL CONSERVATION DIVISION 1301 W. Grand Avenue, Artesia, NM 88210 5. Indicate Type of Lease District III 1220 South St. Francis Dr. STATE [] \square 1000 Rio Brazos Rd., Aztec, NM 87410 FEE Santa Fe, NM 87505 District IV State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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 West Knowles PROPOSALS.) 1. Type of Well: Oil Well 🗹 Gas Well Other Name of Operator 8. Well No. Cimarron Exploration Company 4 Address of Operator P.O. Box 1592, Roswell, NM 88202-1592 9. Pool name or Wildcat West Knowles Drinkard Well Location line and 1980 660 Unit Letter B feet from the North feet from the East line Range 37-E 34 Township 16-S NMPM Lea Section County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3775' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **CASING TEST AND PULL OR ALTER CASING MULTIPLE** COMPLETION **CEMENT JOB** OTHER: OTHER: Test Casing and Temporarily Abandon 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. 11/25/03: Pressure test casing for 30 minutes. Pressured up to 535#. Pressure was 520# at 30 minutes. Pressure recording chart attached. Test witnessed by Johnny Robinson-NMOCD Inspector. Close well in and leave in TA status. This Approval of Temporary Abandonment Expires I hereby certify that the information is true and complete to the best of my knowledge and belief. TITLE Vice President DATE 11/26/03 **SIGNATURE**

TITLE

Type or print name

(This space for State use)

Conditions of approval, if any

Richard C. Gilliland

OC FIELD REPRESENTATIVE II/STAFF MANAGER

Telephone No. (505) 623-9799

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