Pla'd OK TO RELEASE.	ι,
P/A'd OK TO RELEASE, MAB <u>3/3/12004</u> 10/31/2007 Form C-103 Submit 3 Copies To Appropriate District Office District L Energy, Minerals and Natural Resources May 27, 2004	
Submit 3 Copies To Appropriate District Office District 1 State of New Mexico Energy, Minerals and Natural Resources	U/31/2007 Form C-103 May 27, 2004
1625 N French Dr , Hobbs, NM 87240	WELL API NO. 30-025-21394
District II 1301 W. Grand Ave., Artesia, NM 88210 District III OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505	STATE X FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505	 6. State Oil & Gas Lease No. K-362
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.) /	7. Lease Name or Unit Agreement Name: Harris State —
1. Type of Well Oil Well Gas Well Other	8. Well Number
2. Name of Operator Vintage Petroleum Inc.	9. OGRID Number
3. Address of Operator	24173 10. Pool name or Wildcat
P.O. Box 50250 Midland. TX 79710-0250 4. Well Location	Mescalero San Andres
Unit Letter	
Section 23 / Township 10S Range 32E	
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
4308'	
Pit type <u>Stee</u>] Depth to Groundwater <u>100</u> Distance from nearest fresh water well <u>N/A</u> Distance from nearest surface water <u>N/A</u>	
Pit Liner Thickness: N/A mil Below-Grade Tank: Volumebbls; Construction Material	
12. Check Appropriate Box to Indicate Nature of Notice, NOTICE OF INTENTION TO:	
	SEQUENT REPORT OF:
	· · —
PULL OR ALTER CASING IN MULTIPLE CASING TEST AND CEMENT JOB	
OTHER: OTHER:	
13. 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 recompletion.	
\$192021-2-328 - 232 (\$192021-2-328 - 232)	
Approved as to plugging of the Well Bore. See Attachment	
	2.131411 2.131411 日日日日 日日日日 日日日日 日日日日 日日日日 日日日日 日日日
surface restoration is completed.	City I
I hereby certify that the information above is true and complete to the loss of the loss o	and belief. I further certify that any pit or below-
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below- grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan	
SIGNATURE Sr. Regulate	
Type or print name David Stewart E-mail address:	Telephone No. 432-685-5717
For State Use Only	ATIVE II/STAFF MANAGES
APPROVED BY X augulture Conditions of Approval, if any:	DATE
Vialey Nov 17 2006	