Submit 3 Copies To Appropriate District Office	State of New		Form C-1 Revised June 10, 20	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and N	Natural Resources	WELL API NO. 30-025-04989	
District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM	OIL CONSERVATI 1220 South St. I Santa Fe, NN	Francis Dr.	5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. V4674	
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC		R PLUG BACK TO A	7. Lease Name or Unit Agreement Name Sundown-State SWD	e
PROPOSALS.) 1. Type of Well: Oil Well Gas Well X	Other Injection		8. Well Number	
2. Name of Operator	SOURCES INC.		9. OGRID Number 170181	
3. Address of Operator 550 W. T	EXAS, SUITE 1300 ID, TX 79701		10. Pool name or Wildcat Cuerno Largo Penn	
4. Well Location		·		
Unit Letter I :_	2310 feet from the Sout	h line and _	990 feet from the East li	ine
Section 22	Township 10S	Range 37E	NMPM County Lea	_
	 Elevation (Show whether 3938' GL 	· DR, RKB, RT, GR, e	etc.)	
NOTICE OF IN PERFORM REMEDIAL WORK □	PLUG AND ABANDON —	REMEDIAL WO	BSEQUENT REPORT OF: ORK ALTERING CASING []
TEMPORARILY ABANDON	CHANGE PLANS		RILLING OPNS. ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A CEMENT JOB	AND L	
OTHER:				X
 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. 2-23-04 MIRU. Rel pkr & POOH w/tbg. 				
2-24-04 Ran tbg. Set pkr w/15,000# tension @ 4858', circ hole w/pkr fluid. Tst'd annulus to 300# - OK. Ran chart. RDMO. Returned to injection.				
			68L9SXCZZ ISSECTION	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE MINIOR (offman TITL	E REGULATORY A	ANALYST DATE 03/12/2004 AN@CONCHORESOURCES.COM	
Type or print name BRENDA COFF	FMAN E-ma	ail address:	Telephone No. (432)685	5-437
(This space for State use) APPPROVED BY LOW WIND PIECE REPRESENTATIVE II/STAFF MANAGER DATE				
Conditions of approval, if any	III L		DATE	

