Submit 3 Copies To Appropriate District	State of New Mexico Minerals and Natural Resources	Form C-103 Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-025-26556
1501 W. Gland Ave., Artesia, Wivi 86210	ONSERVATION DIVISION 220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		L-3766
SUNDRY NOTICES AND R (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL DIFFERENT RESERVOIR. USE "APPLICATION FOR PI PROPOSALS.) 1. Type of Well:	, OR TO DEEPEN OR PLUG BACK TO A	 Lease Name or Unit Agreement Name: Lucky Larry
Oil Well 🖾 Gas Well 🗌 Other		9 Wall No
2. Name of Operator Sapient Energy Corp		8. Well No. #1
3. Address of Operator		9. Pool name or Wildcat
8801 S. Yale, Suite 150 Tulse, OK 74 4. Well Location	37	Caprock Mississippian North
4. Well Location		
Unit LetterO:660f	et from theSouth line and	1980feet from the _Eastline
	ownship 12S Range 32E	NMPM County Lea
10. Eleval 4422'-KB	ion (Show whether DR, RKB, RT, GR, e 4404'GL	etc.)
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
	ABANDON 🗍 REMEDIAL WO	
PULL OR ALTER CASING DULTIPLE	ON CASING TEST / CEMENT JOB	AND
OTHER:		
 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. Estimated Start Date: Aug. 15,2001 		
 MI&RU TOOH w/ tubing Perforate additional pay in Mississippian (Chester) 11,079'-11,081' 2spf - 4 shots and 11,097'-11,099' 2spf- 4 shots Frac new perfs 11,079-11,099 and existing perfs 11,112.5'-11,190.5' with 50,000# of 20/40 sand and 50,000 gallons of 70 quality CO2 foam. TIH with tubing. Swab well back Return to production 		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Aurole Luces	TITLE_Operations Manage	DATE_8/2/01
Type or print name		Telephone No.
(This space for State use)		
APPPROVED BY Conditions of approval, if any:		DATE

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