Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103	
Office <u>District I</u>	Energy, Minerals and Natural Resources			Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NC 30-041-20898).
811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Typ	be of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztee, NM 87410	1220 South St. Francis Dr.		STATE	XX FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		6. State Oil & Gas Lease No. VA 2382	
	ES AND REPORTS ON WELLS		7. Lease Name	or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR T-) DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH			Delara State	
PROPOSALS.)		c se en	Bolero State	
1. Type of Well: Oil Well XXX Gas W] Other			:
2. Name of Operator			8. Well No. 1	
Primero Operating, Inc.				
3. Address of Operator	1.122			ame or Wildcat
PO Box 1433, Roswell, NM 88202- 4. Well Location	1455		Bluitt Wol	Icamp
Unit LetterL:	1650feet from the South	line and 660	feet from the	e Westline
Section 2	Township 8S	Range 37E	NMPM	Roosevelt County
	10. Elevation (Show whether DI 4050 GR	R, RKB, RT, GR, e.	tc.)	
11. Check Ap	propriate Box to Indicate Na	ature of Notice,	Report or Othe	er Data
NOTICE OF INT	ENTION TO	SUB	SEQUENT R	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	RK XXX	
		COMMENCE DR	ILLING OPNS.	
		CASING TEST AND CEMENT JOB		
OTHER:		OTHER:		
12. Describe proposed or completed	d operations. (Clearly state all per		give pertinent dat	es. including estimated date
of starting any proposed work).	SEE RULE 1103. For Multiple			
or recompilation.				
1/28 to 1/30/02 Perforated Wolfca	mp zone from 8090' to 8119' and	8121° to 8124° w/	2 spf. Acidized	with 3000 gallons 20%
NEFE.				
3/13 to 3/23/02 Perforated Wolcca	imp zone from 8164° to 8175° w/	2spf. Acidized old	d and new perfora	tions with 4000 gallons
20% NEFE.	L		•	
3/25 to 3/28/02 Set CIBP at 8,000	and dump 25° of comont. Dorton	rated San Andres f	armation from 11	Nº 19 01 09 20 15 56 and
4545-47, 50-54, 60-64°. Acidized p			Simation nom ++	06-16, 24, 26-52, 45-50 and
r.	<u> </u>			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE	TITLE	President		DATE5/23/02
Type or print name Phelps White			Tel	ephone No. 505-622-1001
(This space for State use)				
APPPROVED BY	ODICIDAL CONTO THE			DAMAY 2.8 2002
APPPROVED BY ORIGINAL S'GNED BY LE DAMAY 2.8 2002 Conditions of approval. if any: GARY W. WINK				
OC FIELD REPRESENTATIVE II/STAFF MANAGER				

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