Submit 3 Copies To Appropriate District Office	Built of New Mexico		Form C-103 Revised March 25, 1999		
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 Energy, Minerals and Natural Resources			WELL API NO.		
District II OIL CONCEDVATION DIVISION			30-025-26801		
811 South First, Artesia, NM 87210 District III 1220 South St. Francis Dr.		5. Indicate Type	of Lease	7	
1000 Rio Brazos Rd., Aztec, NM 87410		J DIME	Ť FEE □		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87504			6. State Oil & Gas Lease No. E-2109		
SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPOSITION OF THE PROPOSALS.) 1. Type of Well:	7. Lease Name or Unit Agreement Name:				
Oil Well Gas Well [Other SWD		Seay		
2. Name of Operator			8. Well No.		
The Prospective Investment & Trading Co., Ltd. 3. Address of Operator			0 Pool name or Wildoot		
2162 E. 61st Street Tulsa, OK 74136			9. Pool name or Wildcat SWD - Bough B		
4. Well Location					
Unit Letter P: 660' feet from the South line and 660' feet from the East line					
Section 30	Township ^{12S} R	ange 34E	NMPM Lea	County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4201.8 GR					
11. Check A	ppropriate Box to Indicate N	ature of Notice,	Report or Other	Data	=
			SEQUENT RE		_
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	к 🗆	ALTERING CASING []
TEMPORARILY ABANDON	CHANGE PLANS		LLING OPNS.	PLUG AND ABANDONMENT)
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	ND 🗆		
OTHER:		OTHER:		C]
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.					
Plan to POOH w/ tubing. P.U. re-dressed packer. Hydro test tubing back in hole. Set Pkr at 9843', circulate hole w/ packer fluid and conduct M.I.T.					
,					
I hereby certify that the information above is type and complete to the best of my knowledge and belief.					
SIGNATURE	Hylm TITLE	Operations En	gineer	DATE 2/16/01	
Type or print name Howard E.	Grav		Telen	hone No. (918)747-4	999
(This space for State use)	UL Q.Y				
APPPROVED BY	TITLE	Grid in i	mula e e e e e e e e e e e e e e e e e e e	DATE	
Conditions of approval, if any:		j .			