Submit 3 Copies To Appropriate District	opies To Appropriate District State of New Mexico			Form C-103 Revised March 25, 1999
Office District I	Energy, Minerals and Natural Resources		WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONSERVATION DIVISION		30-025-35786 5. Indicate Type of Lease	
01 W. Grand Avenue, Artesia, NM 87210 1220 South St. Francis Dr.		STATE FEE		
District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505			29120	Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.) 1. Type of Well:	ON FOR PERMIT (LOIGH C-101)	LUG BACK TO A	/. Lease Name or C	
Oil Well Gas Well A Other 2. Name of Operator Echo Production, Inc.			8. Well No.	
			9. Pool name or Wildcat	
3. Address of Operator PO Box 1210, Graham, TX 76450			Kemnitz (Morrow)	
4. Well Location				
Unit Letter A 75	feet from the nor	cth line and	970 feet fron	n the <u>East</u> line
Section 10	Township 16S	Range 34E	NMPM	County Lea
10. Elevation (Show whether DR, RKB, RT, GR, etc.)				
11 Check Ann	4098 GR ropriate Box to Indicate	Nature of Notice,	Report or Other I	Data
NOTICE OF INTE	NTION TO:	SUE REMEDIAL WOF	SEQUENT REP	PORT OF: ALTERING CASING
PERFORM REMEDIAL WORK P	_		RILLING OPNS.	PLUG AND
TEMPORARIET ABANDON L	CHANGE PLANS			ABANDONMENT
	MULTIPLE COMPLETION	CASING TEST A CEMENT JOB	ND □	
OTHER:		OTHER:		
12. Describe proposed or completed of starting any proposed work). S	SEE RULE 1103. For Mulup	ne Compictions. Atta	on wonders and	
Drilled 12 4" hole to 1900 sx 50/50 POZ C, 35 sx to pit. Plug do	- v al 100 mal to	ALLAWAN DV ZUU	Sx C Heat.	CIICUIGE
35 sx to pit. Plug do	wn at 12:30 pm 2/1	5,02		
.6				0.24
I hereby certify that the information a	above is true and complete to	the best of my knowl	edge and belief.	
SIGNATURE Jan 30	\cap	LE Operation	s Manager	DATE
Tom Cold	len		Tele	phone No. (940) 549-329
Type or print name (This space for State use)		OBIGINA		Alin 1 0 2000
•	TITI	LEALLESIG	NED BY	DATAUG 1 2 2002
APPPROVED BYConditions of approval, if any:		ORIGINAL SIG LE <u>AUL F. KZ</u> ULTUM EN	AUTZ NGINEE R	