

Submit 3 Copies
to Appropriate
District Office

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-03152

DISTRICT II
P.O. Drawer DD, Artesia, NM 888210

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
22557

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

7. Lease Name or Unit Agreement Name

South Vacuum

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. 35-3

2. Name of Operator PALADIN ENERGY CORP.

9. Pool name or Wildcat
Vacuum Devonian, South

3. Address of Operator
10290 Monroe Dr., St. 301, Dallas, TX 75229

Unit Letter C : 660 Feet From The North Line and 1980 Feet from The West Line

Section 35 Township 18S Rnge 35E NMPM Lea County

Elevation (Show whether DF, RKB, RT, GR, etc)
3869'

Check Appropriate Box to Indicate Nature of Notice, Report, Or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTRG CSG <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRLG OPNS. <input type="checkbox"/>	P&A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CSG TST & CMT JOB <input type="checkbox"/>	
OTHER <u>Turn well on</u> <input type="checkbox"/>		OTHER <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date, including estimated date of starting any proposed work) SEE RULE 1103

11/19/99 Turn well on, resume production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Ann Westberry TITLE Manager, Corporate Support DATE 02/15/00

Ann Westberry 214/654-0132

TYPE OR PRINT NAME TELEPHONE NO.
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

12