Submit 3 Copies To Appropriate District	State of New Mexico				Form C-103			
Office District I	gy, Minerals and Natural Resources			Revised March 25, 1999 WELL API NO.				
1625 N. French Dr., Hobbs, NM 88240 District II					30-025-25347			
811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type of Lease				
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE X FEE				
District IV	Santa Fe, NM 87505				6. Sta	te Oil & G	as Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505								
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					7. Lease Name or Unit Agreement Name:			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH					Angle	State		
PROPOSALS.) 1. Type of Well:								
Oil Well X Gas Well Other								
2. Name of Operator					8. Well No.			
Abo Petroleum Corp					9. Pool name or Wildcat			
3. Address of Operator P.O. Box 900, Artesia, NM 88211-0900					Vacuum Grayburg-San Andres			
P.O. BOX 900, Arresid, NW 60211-0700								
4. Well Location								
	C . C . 1 . C	1'	ı 33∪	foot f	ram tha	\\/	line	
Unit Letter M: 330	feet from theS	line an	a <u>330 </u>	reet n	rom the _	<u> </u>	_ ime	
Section 9	Township 17E R	ange	34E	NM	IPM	LEA	County	
	10. Elevation (Show wh	iether Di	R, RKB, RT, C	GR, etc	c.)			
			CNI	4	Danage	on Othor I	Dota	
11. Check Appropriate Box to Indicate Nature of Notice, INOTICE OF INTENTION TO: SUBS					SEOUR	INT REI	PORT OF:	
							ALTERING	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL			CASING PLUG AND		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENC			PNS.	ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB					
OTHER: Retest for the Bradenhead Leak X 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								e of
starting any proposed work). SEE I	RULE 1103. For Multiple	Comple	tions: Attach	wellb	ore diagr	am of prop	osea completion of	
recompilation.								
I propose to retest for the Brac	denhead leak. We ha	ve reas	on to belie	ve th	e well w	rill now po	ass the test. Visuo	al
inspection shows no leaks.								
						•		
I hereby certify that the information	above is true and comple	te to the	best of my kr	nowled	dge and b	elief.	•	
ADM MANIACED						DA	ΓΕ 10-29-2002	
SIGNATURETITLE ADM MANAGER					Telephone No. 505-748-4251			
Type or print name Dan S. Le	ewis				Lelepho	ne No. 50:	3-748-4231	
(This space for State use)								
APPPROVED BY	المحر	TITLE	NED BY -				_DA NOV - 1	2002
Conditions of approval if any	Alt	and the second	·					

GARY W. VAINK OC FIELD REPRESENTATIVE II/STAFF MANAGER