Submit 3 Copies to Appropriate District Office

APPROVED BY ....

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico ,y, Minerals and Natural Resources Department E

Form C-103 Revised 1-1-89

DISTRICT I

OIL CONSERVATION DIVISION

WELL API NO.	

-- DATE --

BO Down 2000		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  DISTRICT III  1000 Pio Proce Pd. Artesia, NM 88210  P.O. Box 2088  Santa Fe, New Mexico 87504-2088		WELL AT NO.	
		5. Indicate Type of Lease  STATE FEE X	
1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON	WELLS		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PEDALIT"		7. Lease Name or Unit Agreement Name	
(FORM C-101) FOR SUCH PROPOSALS.)		N. B. Bordages Gas Com	
OR. GAS WELL X OTHER		or dages das com	
2. Name of Operator		8. Well No.	
Lion Production, Inc.  3. Address of Operator		2 2	
P. O. Box 2086. Midland Tv 70702		9. Pool name or Wildcat	
4. Well Location		Eumont (Y-7R-Qn) Pro Gas	
Unit Letter A: 480 Feet From The Nort	h Line and 850	Feet From The East Line	
Section 32 Township 19S	n 375		
10. Elevation (Show wh	ether DF, RKB, RT, GR, etc.)	MPM Lea County	
11. Check Appropriate Pour L. L.			
Check Appropriate Box to Indicate NOTICE OF INTENTION TO:	ate Nature of Notice, Rep	ort, or Other Data	
	SUBSI	EQUENT REPORT OF:	
TELLOGRAPHON [	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.			
PULL OR ALTER CASING CASING TEST AND CEMEN			
OTHER: Unorthodox Location/Simultaneous Ded X OTHER:			
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.			
Administrative approval is being requested to:			
Unorthodox Location of proposed infill N. B. Bordages Gas Com No. 2			
The state of the s			
To existing 200 acre non-standard N. I E/2 NE/4 Sec. 32 and E/2 NW/4, NW/4 NW	B. Bordages Gas Com P	proration unit	
	74 Sec. 33, 1198, R	3/E.	
<b>4</b> 4			
best of much			
I hereby certify that the information along is the find complete to the best of my knowledge is	and belief.		
SIGNATURE	me Agent	5/15/05	
TYPEOR PRINT NAME Michael Stewart		DATE _5/15/95	
		TELEPHONE NO. 915/683-3008	
This space for State Use)			

RECEIVED

UCD HUBBS OFFICE