Submit 3 Copies To Appropriate District Office	State of	State of New Mexico			Form C-103		
District I	Energy, Minerals and Natural Resources			Revised March 25, 1999			
1625 N. French Dr., Hobbs, NM 88240 District II					WELL API NO. 30-025-33607		
811 South First, Artesia, NM 88210	OIL CONSER		5. Indicate Type of Lease				
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE FEE			
District IV 1220 S. St. Francis Dr., Santa Fe, NM				6. State Oil & 0	Gas Lease No.		
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			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				McGrail State			
PROPOSALS.) 1. Type of Well:					an otato		
Oil Well Gas Well	Other						
2. Name of Operator				8. Well No. 9			
3. Address of Operator		<u> </u>		O Pool nome or	W:144		
P.O. Box 552, Midland, Tx 79702				9. Pool name or Wildcat Monument Abo			
4. Well Location							
Unit Letter K: 1980 fee	et from the South line and	1 650 fe	et from the West line	e			
Section 26 County	Township	19-S	Range 36-E	NMPM	Lea		
	10. Elevation (Show v	whether L	PR, RKB, RT, GR, etc	.)			
11. Check	Appropriate Box to In-	dicate N	lature of Notice, I	Report or Other	Data		
NOTICE OF I	NTENTION TO:		SUBS	SEQUENT RE			
PERFORM REMEDIAL WORK	J PLUG AND ABANDON		REMEDIAL WORK	· 🗆	ALTERING CASING	G □	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRIL	LING OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	D 🗆	VIDY MAD CHANCIAL		
OTHER:			OTHER:			_	
12. Describe proposed or completed of starting any proposed work or recompilation.	eted operations. (Clearly st.). SEE RULE 1103. For	tate all pe	rtinent details, and gi Completions: Attach	ve pertinent dates, wellbore diagram	including estimated of proposed completi	date ion	
Rigged up well service un 5-1/2" CIBP @ 7524' w/18 Ran sub-pump. Returned	' cement cap. Acidize	d existin	a Abo perfs 7422-	55 w/110 gal Cit I down well serv	ric acid. Swabbed ice unit.	et d.	
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				N. C.	000		
I hereby certify that the information	on above is true and comple	ete to the	hest of my knowledg	e and belief	The second of th		
			_				
SIGNATURE 1 Jani		TITLE	Advanced Engineer	Technician DAT	E <u>03-12-03</u>		
Type or print name Tim L. Ch (This space for State use)	lase		Telepho	one No. 915-687	7-8408		
APPPROVED BY		יי זיייןייי			D. 1		
Conditions of approval, if any:	ORIGINAL S	TITLE_	D)/		DATE MAR 1 7 2003		
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