Submit 3 Copies to Appropriate District Office

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, M. .als and Natural Resources Department

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

Form C-103
Revised 1-1-89

WELL API NO. 30-025-08795

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: State A A/C 2

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: Raptor Resources,Inc.

8. Well No. 35

3. Address of Operator: P.O. Box 160430, Austin, Texas 78716-0430

9. Pool name or Wildcat: Eunice 7RvrsQueen,South

4. Well Location
Unit Letter D : 660 Feet From The North Line and 330 Feet From The West Line

Section 5 Township 22S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3603' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: T/A Test	[X]		

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.

Test 5/5/99

1. Load casing with 2%KCL water and corrosion inhibitor. (CIBP set @3220' w/35'cement)

2. Pressure casing surface to 3220' 500#. Bleed off. Chart attatched.

3. Request 90 days to bring into compliance.

This Approval of Temporary Abandonment Expires 6-23-2004

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

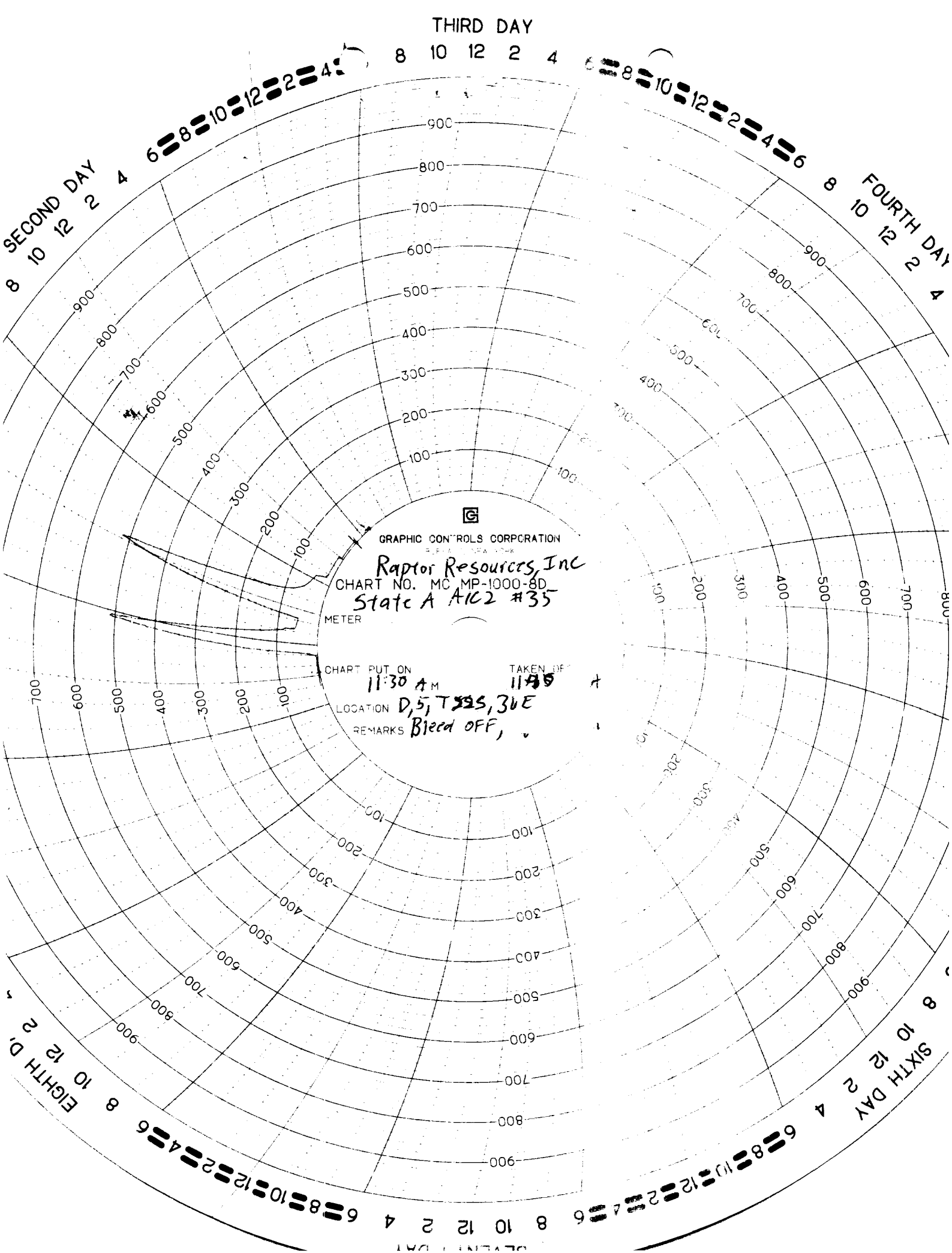
SIGNATURE Joel Sisk TITLE Production Foreman DATE 5-5-99

TYPE OR PRINT NAME Joel Sisk TELEPHONE NO. (505) 394-2574

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:


THIRD DAY
SECOND DAY
FOURTH DAY
SIXTH DAY
EIGHTH DAY
GRAPHIC CONTROLS CORPORATION
Raptor Resources, Inc
CHART NO. MC MP-1000-8D
State A A1C2 #35
METER
CHART PUT ON
11:30 AM
LOCATION D,5,T33S,36E
REMARKS Bleed OFF,