State of New Mexico Linergy, Minerals and Natural Resources Department

Form C 103

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM S8240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.	7-1
		1exico 87504-2088	300-025-08849	
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease	FEE
DISTRICT T11 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
(DO NOT USE THIS FORM FOR PRODIFFERENT RESE	ICES AND REPORTS O OPOSALS TO DRILL OR TO D RVOIR. USE *APPLICATION I :-101) FOR SUCH PROPOSAL	PEEPEN OR PLUG BACK TO A FOR PERMIT	7. Lease Name or Unit Agreement	/ / <i> //////////////////////////////</i>
1. Type of Well: Oil Gus Well Well OTHER			State A A/C 2	
2. Name of Operator			8. Well No.	
Raptor Reso	urces, Inc.		9. Pool name or Wildcat	
901 Rio Grande, Austin, TX 7	78701		Jalmat, Tnsl, Yts, 7-Rivers (Pr	o Gas) (79240
Unit Letter N 660	Feet From The Se	outh Line and 19	80 Feet From The W	est Line
Section 9	Township 22S		NMPM Lea	County
111111111111111111111111111111111111111	/////// 10. Elevauon (Show	whether DF, RKB. RT, GR, ctc.)	/////////	<u> </u>
ii. Check A	Appropriate Box to Indi	icate Nature of Notice, R	eport, or Other Data	
NOTICE OF INT	ENTION TO:	SUB	SEQUENT REPORT OF	:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CAS	ING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABA	NDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB	
OTHER:		OTHER_		
12. Describe Proposed or Completed Op work) SEE RULE 1103.	erations (Clearly state all pertinen	t details, and give pertinent dates, incl	uding estimated date of starting any propo	sed
Raptor plans to add additional perfs	in the current producing po	ol.		
Perfs to be added as follows: Yates	@ 3117-3323 & 7 Rvrs @	3326-3650'.		
Work is scheduled for late October o	r early Novenber			
This well is covered under NSL 287.	2 A & B and SE 6622			
12. I hereby certify that the information above is true	and complete to the best of my knowled			10.4.00
SIGNATURE SIGNATURE	welly	R egulatory Age	ent for Kaptor DATE	10-4-99
TYPE OR PRINT NAME BILL R. Keathly			TELEPHONE NO.	915-697-1609
(this space for State Use)	GONED W CORREST		DCT 0.8	1203
	Section 1	- TITLE -	DATE'-	
CONITIONS OF APPROVAL, IF ANY:				