Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONSERVATION DIVISION		30-025-22943	
1301 W. Grand Avenue, Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type	
1000 Rio Brazos Rd., Aztec, NM 87410	000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505		STATE .	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oil & C SWD 818	ias Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			· · · · · · · · · · · · · · · · · · ·	r Unit Agreement Name:
(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.)			Royalty Holdings # 4	
1. Type of Well: Oil Well Gas Well Other Injection well			0. 11/11/11	
2. Name of Operator Vista Services			8. Well No.	
3. Address of Operator P.O. Box 758 Eunice, NM 88231			9. Pool name or Wildcat San Andres	
4. Well Location				
Unit Letter A :	660 feet from the North	line and6	660 feet from	n the East line
Section 25 Township 21S Range 37E NMPM Lea County NM				
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11 ft RKB				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR		SEQUENT REF	PORT OF: ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	E PLANS COMMENCE DRIL		PLUG AND ABANDONMENT
	MULTIPLE COMPLETION	CASING TEST AN	ND	
OTHER: Step-Rate Test	V	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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.				
Step-Rate Test procedure to raise injecetion rate.				
A) On 04/30/2002 Rig up on	well with ARC (step-rate teste	er) to find formatio	n parting point to r	raise injection rate.
I hereby certify that the information a	bove is true and complete to the	best of my knowled	ge and belief.	
SIGNATURE M. D. P.	TITLE_	Vice President		DATE 4/25/2002
Type or print name Mike Pilcher			Telephone No. (505) 394-2082	
(This space for State use)				
APPPROVED BY ORIGINAL SIGNEDIBILE				MAYE 2 3 2002
Conditions of approval, if any: GARY W. WINK DEPRESENTATIVE MANAGER OF THE PROPERTY OF THE				