Submit 3 Copies to Appropriate District Office

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CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

DISTRICT I	OIL CONSERVATION	ON DIVISION			
P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco	St.	WELL API NO. 3	0-025-28273	
DISTRICT_II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, 1	M 87505	5. Indicate Type of	1.4.1	EE []
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas		<u> </u>
(DO NOT USE THIS FORM FOR PRODIFFERENT RESER	CES AND REPORTS ON WEDPOSALS TO DRILL OR TO DEEPER OF THE PROPOSALS.)	N OR PLUG BACK TO A		Init Agreement Name	
1. Type of Well: Oil. CAS WELL WELL	отнея Wai	ter Injection Well	S	tate A A/C 2	
Name of Operator Raptor	r Resources, Inc.		8. Well No.	64	
3. Address of Operator 901 R	io Grande, Austin, Texas 7	'87 01	9. Pool name or Wi Eunice SR (Ideat Queen-South	
4. Well Location Unit Letter A : 125	O Feet From The North	Line and 12	250 Feet From 7	Fact	Line
•	Township 22S R	26E			
Section O	Township 225 R 10. Elevation (Show whether	ange 36E N DF, RKB, RT, GR, etc.)	имрм Lea		County
		3564			
NOTICE OF INT	Appropriate Box to Indicate ENTION TO:		port, or Other I SEQUENT RE		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	A	LTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. P	LUG AND ABANDONM	ENT 🗌
PULL OR ALTER CASING		CASING TEST AND CEI	MENT JOB		
OTHER:		OTHER:T	A Status Test		_ X
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertinent details, a	nd give persinent dates, includ	ing estimated date of s	sarting any proposed	
Test Date: 3-1	4-03				
1 Load casir	ng with 2% KCl water and c	orrosion inhibitor. (I	Packer @ 3713	")	
2 Pressure te	st casing from surface to 37	113' to 500 pgi for 20	minutaa		
	st on chart for OCD subsequ	-	illinutes.		
3. Request TA	A status for 5 years.				
	1985 40 a .	Approval of Tea Gorment Expires	sporary 3	19/08	
I hereby certify that the information above is true	and complete to the best of my knowledge and	l belief.		<u> </u>	
SIGNATURE JOT!	Sick m	Production Forem	nan	DATE 3-17-03	
TYPE OR PRINT NAME	Joel Sisk		(505)	TELEPHONE NO. 394-2	2574
(This space for State Use)	ORIGINAL SI GARY W. WI OC FIELD REF		F MANACEP	FMR 1 9 2003	
APPROVED BY		1E		- DATE	,

