

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

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

WELL API NO. 30-025-28274

5. Indicate Type of Lease  
STATE ☒ 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.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER ☐ Water Injection Well

2. Name of Operator  
Raptor Resources, Inc.

8. Well No. 65

3. Address of Operator  
901 Rio Grande, Austin, Texas 78701

9. Pool name or Wildcat  
Eunice SR Queen-South

4. Well Location  
Unit Letter E : 1345 Feet From The North Line and 25 Feet From The West Line  
Section 9 Township 22S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
GL-3559

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: T/A Status Test ☒

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 Date: 3-14-03

1. Load casing with 2% KCl water and corrosion inhibitor. (Packer @ 3703')
2. Pressure test casing from surface to 3703' to 500 psi for 30 minutes.  
(Record test on chart for OCD subsequent report.)
3. Request TA status for 5 years.

Approval of Temporary  
Abandonment Expires 3/19/08

MAR 2003  
RECEIVED  
Hobbs  
OCD

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

SIGNATURE Inel Sick TITLE Production Foreman DATE 3-17-03  
TYPE OR PRINT NAME Inel Sick (505) TELEPHONE NO. 394.2574

(This space for State Use)

APPROVED BY \_\_\_\_\_ ORIGINAL SIGNED BY GARY W. WINK DATE MAR 19 2003  
OC FIELD REPRESENTATIVE / STAFF MANAGER  
CONDITIONS OF APPROVAL, IF ANY:

