Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Milierals and Natural Resources Department

Form C-103

ī	API NO	 00.5	0.00 ###	•
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			Mearing 1-1-03	

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA 2040 Pach			WELL API NO. 30	-025-28275	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe,			5. Indicate Type of I	ARSC X	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410				6. State Oil & Gas L	STATE A	FEE L
(DO NOT USE THIS FORM FOR PRO	ICES AND REPORTS ON OPOSALS TO DRILL OR TO DRIVOR. USE "APPLICATION F	EEPEN	OR PLUG BACK TO A	7. Lease Name or U	nit Agreement Nam	ne Time
(FORM C	-101) FOR SUCH PROPOSALS			St	ate A A/C 2	
I. Type of Well: OIL GAS WELL WELL	OTHER	Wate	er Injection Well			
2. Name of Operator Rapto	r Resources, Inc.			8. Well No.	66	
3. Address of Operator 901 R	37 01	9. Pool name or Wildcat Eunice SR Queen-South				
4. Well Location Unit Letter F 134	Feet From The	Nort	h Line and 1	345 Feet From T	he West	Line
Section 9	Township 22S	Ra	nge 36E	nmpm Lea		County
			DF, RKB, RT, GR, etc.)			
	Appropriate Box to Indi	cate 1		•		
NOTICE OF INT	TENTION TO:		SUB	SEQUENT RE	PORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		LTERING CASIN	r
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	OPNS. PI	LUG AND ABANI	DONMENT []
PULL OR ALTER CASING		CASING TEST AND CE	ASING TEST AND CEMENT JOB			
OTHER:			OTHER:T	A Status Test	······································	X
12. Describe Proposed or Completed Opera work) SEE RULE 1103.	tions (Clearly state all persinent de	tails, an	nd give pertinent dates, inclu	ding estimated date of st	arting any proposi	ed
Test Date: 3-	14-03					
1. Load casi	ng with 2% KCl water	and co	orrosion inhibitor. (Packer @, 3687')	
2 Pressure to	est casing from surface	to 368	87° to 500 psi for 36) minutes		
	est on chart for OCD sul		•	Tittiacos.		
3. Request T	A status for 5 years.					,≜ .
	Total Abana	Ange Onwa	oval of Temporal nt Expires	ry =/10/0		M113 4
			cxbils2	¥19/08		٨١٠ : ١
I hereby certify that the information above is tru	e and complete to the best of my knowl	edge md			0.45	1
SIGNATURE JOE	Sisk	т	Production Fore	man	_ DATE	33
TYPE OR PRINT NAME	Joel Sisk			(505)	TELEPHONE NO.	394-2574
(This space for State Use)						
APPROVED BY	ONGW	AL SI	SNED BY		- MAR 19	2003

GARY W. WINK OC FIELD REPRESENTATIVE IL/STAFF MANY GET

CONDITIONS OF APPROVAL, IP ANY:

