

Submit 3 Copies
To Appropriate
District Office

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

811 South First, Artesia NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised 1-1-89

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)		WELL API NO. 30-025-33182
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Sapient Energy Corp.		6. State Oil & Gas Lease No.
3. Address of Operator 8801 South Yale, Ste 150 Tulsa, OK 74137		7. Lease Name or Unit Agreement Name: Federal 24
4. Well Location Unit letter <u> M </u> : <u> 660' </u> feet from the <u> South </u> line and <u> 660' </u> feet from the <u> West </u> line Section <u> 24 </u> , Township <u> 20S </u> Range <u> 38E </u> NMPM Lea <u> </u> County <u> </u>		8. Well No. <u> 1 </u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.		9. Pool name or Wildcat Blinebry & Tubb

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: Commingle Blinebry & Tubb

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.

Prior to 11-12-99 well was Blinebry only completion.
11-12-99 through 11-18-99 Complete Blinebry in two stages.
11-19-99 Pull RBP isolating Tubb.
11-19-99 Commingle Tubb & Blinebry production.

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

SIGNATURE *Gerald Lucero* TITLE Manager of Operations DATE February 23, 2001

Type of print name Gerald Lucero Telephone No. (918) 488-8988
(This space for State use)

APPROVED
BY _____ TITLE _____ DATE 2001

Conditions of approval, if any: