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

WELL API NO.
30-025-33779

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

7. Lease Name or Unit Agreement Name:
Federal 24

1. Type of Well:
Oil Well ■ Gas Well ☐ Other

2. Name of Operator
Falcon Creek Resources, Inc.

8. Well No.2

3. Address of Operator
621 17th St., Suite 1800
Denver, CO 80293-0621

9. Pool name or Wildcat
Abo, Blinebry Tubb

4. Well Location
Unit letter____ N_____:____1980_____feet from the ___WEST _____line and __660____feet from the __South__line
Section ____24_____, Township_____20S_____Range___38E_____NMPM _____Lea_____ County

10. Elevation (Show whether DF, RKB, RT, GR, etc.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER:___		OTHER:_____Commingled ___	

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.

1. TOH w/ rods & tubing
2. Perforated Abo
3. Isolated Abo from Blinebry and Tubb w/ pkr at 7389'
4. Acidized Abo w/ 630 gal 20% HCL acid + 3906 gal 28% SXE acid
5. Test Abo
6. Pulled pkr
7. All zones comminlged –(Abo, Blinebry, and Tubb)

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___September 21, 2000

Type of print name____Gerald Lucero_____Telephone No.__(303) 675-0007_

(This space for State use)

APPROVED
BY_____TITLE_____DATE_____

Conditions of approval, if any: