Submit 3 Copies To Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

811 South First, Artesia NM 88210

OIL CONSERVATION DIVISION

2040 South Pacheco Santa Fe, NM 87505 WELL API NO. 30-025-34457

Indicate Type of Lease STATE FEE 😡

State Oil & Gas Lease No.

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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**

Gas Well

Lease Name or Unit Agreement Name: Kyte

Type of Well:

Oil Well Name of Operator

Falcon Creek Resources, Inc.

Address of Operator 621 17th St., Suite 1800

Denver, CO 80293-0621

Well No. 5

Pool name or Wildcat D-K Abo

Well Location

Unit letter

NMPM

Other

G: 1980 feet from the North line and 1980 feet from the East line

County

Section 23

Township

20S 38E Range

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

3570' GL

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

NOTICE OF INTENTION TO:

PLUG AND ABANDON REMEDIAL WORK

SUBSEQUENT REPORT OF: ALTERING CASING

PERFORM REMEDIAL WORK TEMPORARILY ABANDON

CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT

PULL OR ALTER CASING

OTHER:

OTHER: Abo perforations

CASING TEST AND CEMENT JOB

- 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.
- 2/1/00 Perforate Abo 7325-40, 7385-7400, 7456-60, 7593-98, 7647-57, 7667-75
- 2/2/00 Isolate lower Abo perfs 7593-7675, acidize with 500 gallons 15% NEFE plus 3,000 gallons 28% SXE. Isolate upper Abo perfs 7325-7460, acidize with 925 gallons 15% NEFE plus 5550 gallons 28% SXE.
- 2/3/00 Swab lower Abo perfs.
- 2/4/00 Isolate upper Abo perfs. Well started flowing.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE June	Luce	TITLEManager of O	perationsDATE	3-14-00
Type of print nameGer	ald Lucero		Telephone No.	_(303) 675-0007_
(This space for State use)				
APPROVED BY	T	TLE	. 4	DATE 69 MM
Conditions of approval, if	any:			