Submit 3 Copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

To Appropriate District Office 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

30-025-34107 Indicate Type of Lease STATE FEE

WELL API NO.

	<u>TRICT III</u> 0 Rio Brazos Rd., Aztec, NN	M 87410				6. State Oil & C	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:	
1.	Type of Well:		6 7			Kyte		
	Oil Well	Gas Well		Other			·	
2.	Name of Operator					8. Well No.		
	Falcon Creek Res	ources, Inc.					7	
3.	Address of Operator					9. Pool name	or Wildcat	
	621 17 th St., Suite	1800				Abo, Blinebry		
	Denver, CO 8029	3-0621						
4.	Well Location	٠.						
	Unit letterA:	990	feet from the	Northline and	l330feet f	from theEast _	line	
	Section23	,		nge38E		Lea	County	
		10. El	evation (Show v	hether DF, RKB, RT	, GR. etc.			

Check Appropriate Box to Indicate Nature of Notice, Report of 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		
-		(C) 1 11	the state of the s	ding againmented data of starting any	

- 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. Perforate upper Abo
- 3. Isolate Abo from Blinebry with pkr at 7250'
- 4. Acidized upper Abo w/ 475 gal 20% HCL acid + 3150 gal 28% SXE acid
- 5. Tested Abo
- 6. Pulled pkr
- 7. Comminged all zones –(Abo and Blinebry)

I hereby certify that the information above is true and complete to the best of my knowledge and belief.								
SIGNATURE	real Luns	TITLE	Manager of Operations	DATESeptember 21, 2000				
Type of print name	Gerald Lucero		Telep	ohone No(303) 675-0007_				
(This space for State us	.e)							
APPROVED BY		TITLE	A	DATE				

Conditions of approval, if any: