State of New Mexico Submit 3 Copies

	rgy, Minerals and Natural Resources Department	***************************************
District Office		WELL API NO.
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240 QI	L CONSERVATION DIVISION	30-025-34157
•	2040 South Pacheco	5. Indicate Type of Lease
DISTRICT II 811 South First, Artesia NM 88210	Santa Fe, NM 87505	STATE □ FEE ■
all South That, Putesta 1997 Gozzio	Sunta 1 c, 1 th 1 c / 5 c 5	
DISTR <u>ICT III</u>		6. State Oil & Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410		21685
SUNDRY NOTICES A	ND REPORTS ON WELLS	7. Lease Name or Unit Agreement
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		Name: Terry
DIFFERENT RESERVOIR. USE "APPLICA	TION FOR PERMIT" (FORM C-101) FOR SUCH	Tony
	POSALS	
1. Type of Well: Oil Well ■ Gas Wel) Other	
0.7	, Cuici	8. Well No.
2. Name of Operator Falcon Creek Resources, Inc.		1
3. Address of Operator		9. Pool name or Wildcat
621 17 th St., Suite 1800		Blinebry, E Warren-Tubb,
Denver, CO 80293-0621		And DK-Abo
4. Well Location	-	
Unit letter G: 1880 f	feet from theNline and1980fee	
Section 24 , Township 2	OS Range 38E NMPM Lea	County
10. E	levation (Show whether DF, RKB, RT, GR, etc.	
	3576' GL	
	3576' GL	port or Other Data
Check Approp	riate Box to Indicate Nature of Notice, Rep	oort or Other Data
Check Approp NOTICE OF INTENTION	riate Box to Indicate Nature of Notice, Rep TO: SUBSEQUEN	IT REPORT OF:
Check Approp	riate Box to Indicate Nature of Notice, Rep TO: SUBSEQUEN	IT REPORT OF: ALTERING CASING
Check Approp NOTICE OF INTENTION	riate Box to Indicate Nature of Notice, Rep TO: ABANDON REMEDIAL WORK	IT REPORT OF:
Check Approp NOTICE OF INTENTION TO PERFORM REMEDIAL WORK PLUG AND A TEMPORARILY ABANDON CHANGE PL	riate Box to Indicate Nature of Notice, Rep TO: ABANDON REMEDIAL WORK	IT REPORT OF: ALTERING CASING PLUG AND ABANDONMENT
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7/14/98 RIH w/ BPMA, perf sub, SN, 20 jts 2-7/8", TAC and remaining tbg. RIH w/ 2" x 1-3/4" x 18' RHBC pump, 124 3/4" rods and 126 7/8" rods. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

TITLE Manager of Operations DATE October 28, 1998 SIGNATURE Telephone No. (303) 675-0007 Type of print name Oscar L. Peters (This space for State use) APPROVED DATE TITLE

Conditions of approval, if any:

BY