Submit 3 Copies To Appropriate

DISTRICT III

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

1000 Rio Brazos Rd., Aztec, NM 87410

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 💮

Lease Name or Unit Agreement

State Oil & Gas Lease No. 23402

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**

Name: Kyte

1. Type of Well:

Oil Well

Name of Operator

Falcon Creek Resources, Inc. Address of Operator

621 17th St., Suite 1800

Denver, CO 80293-0621

Other

8. Well No.

Pool name or Wildcat

ABO - BLINEBRY

Well Location

C Unit letter

660

Gas Well

feet from the North

line and

1980

feet from the

West

Section

Township

20S Range 38E

NMPM

Lea

County

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

3567' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK TEMPORARILY ABANDON

PLUG AND ABANDON

CHANGE PLANS

PULL OR ALTER CASING

SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING

COMMENCE DRILLING OPNS.

PLUG AND ABANDONMENT

CASING TEST AND CEMENT JOB

OTHER:

OTHER: Isolated Abo Perfs

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.

5-1-2000

- TOH w/ rods and tubing 1.
- 2. Perforate lower Abo – Isolated Blinebry perfs with packer set @ 7466'
- Acidize lower Abo 1125 gallons 20% HCL and 6750 gallons 28% SXE acid
- Swab test lower Abo

5-4-2000

- Set RBP at 7475' to isolate lower Abo
- Perforate upper Abo Isolate Blinebry perfs again with packer set @ 7309'

8. Swab test upper Abo	gallons 28% SXE acid
I hereby certify that the information above is true and con	iplete to the best of my knowledge and belief.
SIGNATURE Leves Luces	TITLEManager of OperationsDATESeptember 27, 2000_
Type of print nameGerald Lucero	Telephone No(303) 675-0007_
(This space for State use)	
APPROVED BY	TITLE DATE

Conditions of approval, if any: