

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.	30 025 09348
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	011792
7. Lease Name or Unit Agreement Name	STATE A A/C 1
8. Well No.	74
9. Pool name or Wildcat	LANGLIE MATTIX 7 RVRS QN GB

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.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator RAPTOR RESOURCES, INC. 162791	
3. Address of Operator P.O. BOX 160430, AUSTIN, TX 78716	
4. Well Location Unit Letter E : 1980 Feet From The N Line and 660 Feet From The W Line Section 13 Township 23S Range 36E NMMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

PLAN TO ADD ADDITIONAL PERFS THROUGH REMEDIAL WORK IN CURRENT POOL.

ADDITIONAL PERFS BEING (3184-3590).

REMEDIAL WORK SCHEDULED TO TAKE PLACE DURING JUNE-AUGUST 1999.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Russell Douglass

TITLE

PRESIDENT

DATE

5-25-99

TYPE OR PRINT NAME

RUSSELL DOUGLASS

TELEPHONE NO. (512) 478-442

(This space for State Use)

APPROVED BY

WILLIAM

DATE

CONDITIONS OF APPROVAL, IF ANY: