Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

<u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION 2040 Pacheco St.		WELL API NO. 30-0	025-28396	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe,	NM 87505	5. Indicate Type of Le	STATE TEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Les		
SUNDRY NOT (DO NOT USE THIS FORM FOR PR DIFFERENT RESE (FORM C	7. Lease Name or Unit Agreement Name State A A/C 1				
1. Type of Well: OIL GAS WELL WELL	OTHER	Water Injection Well			
2. Name of Operator Raptor Resources, Inc.				116	
3. Address of Operator 901 F	Rio Grande, Austin, Texa	as 78701	9. Pool name or Wildo LANGLIE M.	ATTIX SR-Q-GB	
4. Well Lecation Unit Letter D : 120	60 Feet From The North	Line and 13	Feet From The	e West Line	
Section 10		Range 36E heiher DF, RKB, RT, GR, etc.) GL-3438	NMPM Lea	County	
11. Check NOTICE OF IN	Appropriate Box to Indic ITENTION TO:		eport, or Other D SEQUENT REF		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	AL	TERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. DPL	UG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB	L	
OTHER:		OTHER:T	/A Status Test	x	
12. Describe Proposed or Completed Operwork) SEE RULE 1103.	rations (Clearly state all pertinent del	ails, and give persinent dates, inclu	ding estimated date of sta	arting any proposed	
Test Date: 3-	-13-03				
1. Load cas	sing with 2% KCl water a	and corrosion inhibitor. (Packer @ 3612'))	
2 Pressure	test casing from surface t	to 3612' to 500 psi for 3	0 minutes		
(Record t	test on chart for OCD sub	osequent report.)			
3 Request	TA status for 5 years		101	entario de la companya della companya della companya de la companya de la companya della company	
	This Ap Abandor	proval of Temporary wment Expires	3/108		
I hereby certify that the information above us t	rue and complete to the best of my knowle	edge and belief. Production Fore	man	3-17-03	
SIGNATURE 400 S	isk.	mre		_ DATE	
TYPE OR PRINT NAME	<u> Ioel Sisk</u>		(505)	TELEPHONE NO. 394-2574	
(This space for State Use)	OF CA	RIGINAL SIGNED BY		_ рат <mark>MAR 1 9 2003 —</mark>	
APTROVED BY	00	RY WE WINK FIELD REPRESENTATIVE I	I/STAFE MANYA ##	- DYIE GAN T. A. S. S. S. S.	
CONDITIONS OF APPROVAL, IF ANY:			AND MINISTRACE	Λ.	

