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State of New Mexico

Form C-103

to Appropriate District Office Energy, Minerals and Natural Resources Department Revised 1-1-89 OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 2040 Pacheco St. 30-025-35288 DISTRICT II Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X STATE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. 26984 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: James WELL x WELL OTHER 2. Name of Operator 8. Well No. Echo Production, Inc. 3. Address of Operator 9. Pool name or Wildcat PO Box 1210, Graham, Texas 76450 Diamondtail, Delaware, Southwest 4. Well Location 330 Unit Letter A: 660 Feet From The north 660 east Feet From The Line 23S 32E Section Lea Township Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3689 GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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: Drilling & Completion Operation 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. 2/8/01 Spudded well @ 6:30 pm Ran 629' 13 3/8" 48# csg. and cemented w/ 560 sx - cement circulated (200 sx) WOC 17 hrs. Drill out plug 1 3/4 hrs. Test csg seat to 500 psi & BOP 2/17/01 Ran 4874 8 5/8" 32# csg and cemented w/1575 sx - cement circulated (240 sx) WOC 13 hrs. Drill out plug 1 hr. Test csg to 500 psi & BOP to 1000 psi. 2/26/01 TD 9018 2/27/01 Ran 8710' $5\frac{1}{2}$ " 17# csg. cemented w/ 500 sx I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Tom Golden Operations Manager 4/30/01 SIGNATURE .. TITLE . TYPE OR PRINT NAME TELEPHONE NO. (This space for State Use) July Signed by Paul Kautz Contracts; APPROVED BY -DATE . CONDITIONS OF APPROVAL, IF ANY: