

Submit 3 Copies To Appropriate District

Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico

Energy, Minerals and Natural Resources

Form C-103

Revised May 08, 2003

WELL API NO.

30 005 63251

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

25901

7. Lease Name or Unit Agreement Name

Willow Springs "34" State

8. Well Number

1

9. OGRID Number

149441

10. Pool name or Wildcat

Pecos Slope Abo

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 ☐ Gas Well ☐ Other ☒

2. Name of Operator

Reliance Energy, Inc.

3. Address of Operator

6 Delta Drive Suite 5500, Midland Tx 79705

4. Well Location

Unit Letter F : 1980 feet from the north line and 1980 feet from the west line

Section 34 Township 4S Range 25E NMPM County Chaves

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: temporarily abandon ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

We request TA status for this well pending remedial work to be performed in a year or two.

This well must satisfy all requirements of NMOCD Rule 203 prior to being granted TA status.

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

SIGNATURE

Laura C. [Signature]

TITLE

Regulatory Analyst

DATE 6-10-2003

Type or print name

Laura C. [Signature]

Telephone No. 683-4816

(This space for State use)

APPROVED BY

TITLE

Conditions of approval, if any:

JUN 16 2003