

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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-015-20196
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 025778A
7. Lease Name or Unit Agreement Name GULF
8. Well Number 2
9. OGRID Number 020451
10. Pool name or Wildcat SHUGART (Y, 7R, O, 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 ☐ Gas Well ☐ Other ☐ INJECTION

2. Name of Operator  
MOMENTUM OPERATING CO., INC

3. Address of Operator  
PO BOX 578 ALBANY, TX 76430

4. Well Location  
Unit Letter H : 1650 feet from the NORTH line and 330 feet from the EAST line  
Section 28 Township 18 S Range 31 E NMPM County EDDY

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: RETURNED WELL TO INJECTION ☒

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.

WELL WAS TESTED 11/4/03 AND WITNESSED BY GERRY GUYE. ORIGINAL CHART AND A COPY OF THE FORM C-103 WERE MAILED 11/12/03 TO THE ATTENTION OF GERRY GUYE.

TEST FINDINGS ARE AS FOLLOWS:

AVERAGE BARRELS INJECTED PER DAY 4

AVERAGE PRESSURE 1050

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

SIGNATURE Mike Parsons TITLE PRESIDENT DATE 12/9/03

Type or print name MIKE PARSONS Telephone No. (325) 762-3331  
(This space for State use)

APPROVED BY [Signature] TITLE Wild Sep ID DATE   
Conditions of approval, if any:

APPROVED DEC 18 2003

