

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 March 25, 1999

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

WELL API NO. 30-045-30994
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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
Richardson Operating Company

3. Address of Operator
3100 La Plata Highway Farmington, NM 87401

4. Well Location

Unit Letter L : 2506 feet from the South line and 1006 feet from the West line

Section 16 Township 29N Range 14W NMPM County San Juan

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
5175' GR

7. Lease Name or Unit Agreement Name:
Ropco 16

7. Well No.
3

9. Pool name or Wildcat
Twin Mounds PC

11. 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: Production Start Up and First Delivery
☐

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

This well was first produced and delivered on 9/27/03.

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

SIGNATURE Drew Carnes TITLE Operations Manager DATE 11/19/03

Type or print name Drew Carnes

Telephone No. 505-564-3100

(This space for State use)

APPROVED BY Charles L. H. DEPUTY OIL & GAS INSPECTOR, DIST. 83 DATE DEC - 1 2003

Conditions of approval, if any: