Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I 1625 N. French Dr. Hobbs, NM 88240 WELL API NO. 50-031-20 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 5. Indicate Type of Lease District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 STATE  $\square$ XFEE Santa Fe, NM 87505 District IV State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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: NMALCO- GURLEY Oil Well Gas Well Other 8. Well No. Name of Operator R & J ENTERPRISES Address of Operator 9. Pool name or Wildcat NOSR ROCK HOSPAH P. 0. BOX 51 FARMINGTON, NM 87499 Well Location line and 335 feet from the EAST 330 feet from the SOUTH Unit Letter CountyMcKINLEY Township 20N Range 12W Section **NMPM** 10. Elevation (Spar, whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data 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 ☐ MULTIPLE CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: 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. (1) TIH W/F 2 3/8" EUE TO 2200'- SPOT PLUG 2200'-2050' & TAG PLUG (perf 2180-2186) (2) TIH W/F 2 3/8" SPOT PLUG 315' TO SURFACE (7" SET @ 265') (3) CLEN LOCATION & ERECT DRY HOLE MARKER (4) WORK TO BEGIN LATE AUGUST AS RIG AVAILABLE set plug across Pointlookovi HOTHY AZTED OCD IN TIME TO WITNESS I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 8/13/01 OPERATOR **SIGNATURE** Telephone No. 327-9931 JOHN CUNNINGHAM Type or print name (This space for State use) AUG 1 3 2001 ORIGINAL SIZACE OF A VALUE TO THE TITLE APPPROVED BY Conditions of approval, if any: