

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-08437
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION		5. Indicate Type of Lease <i>Federal</i> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator QUAY VALLEY, INC.		6. State Oil & Gas Lease No.
3. Address of Operator P. O. BOX 10280 MIDLAND TX 79702-5026		7. Lease Name or Unit Agreement Name NORTH EL MAR UNIT
4. Well Location Unit Letter D 660 feet from the NORTH line and 660 feet from the WEST line Section 31 Township 26S Range 33E NMPM County LEA		8. Well No. 41
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3105' KB		9. Pool name or Wildcat EL MAR; DELAWARE

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: SEE BELOW ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.

PROPOSED OPERATIONS:

1. RIG UP UNIT.
2. RESET CIBP IN WELL BORE.
3. RUN MECHANICAL INTEGRITY TEST ON CASING.

THIS WORK IS SCHEDULED TO BE DONE IMMEDIATELY.

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

SIGNATURE [Signature] TITLE PRESIDENT DATE 08/24/2001

Type or print name STELLA SWANSON, CPL

Telephone No. (915)687-4220

(This space for State use)

APPROVED BY [Signature] TITLE EXECUTIVE II DATE AUG 30 2001

Conditions of approval, if any:

AUG 30 2001