

### OIL CONSERVATION DIVISION

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.	30-003-20023
5. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
6. State Oil & Gas Lease No.	164557
7. Lease Name or Unit Agreement Name	Cottonwood Canyon
	26839
8. Well No.	2
9. Pool Name or Wildcat	

**SUNDRY NOTICES AND REPORTS ON WELLS**  
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well  
Oil Well  Gas Well  Other Co2

2. Name of Operator  
Ridgeway AZ Oil Corp

3. Address of Operator  
P.O. Box 1110 St. Johns, AZ. 85936

4. Well Location  
Unit Letter F 2189 Feet From The North Line and 761 Feet From The West  
Section 16 Township 1s Range 21w NMPM Catron County

10. Elevation (Show Whether DF, RKB, RT, GR, etc.)  
7410 GR.

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

<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT J <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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

Rig up wireline, run in hole and set drillable cast iron plug @ 2600  
fill hole with water and pressure to 500 psi. hold for 30min. Shut well in

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

SIGNATURE Thomas White TITLE Operations Manager DATE 11/04/2002

TYPE OR PRINT NAME Thomas White TELEPHONE NO. \_\_\_\_\_

(This space for state use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 12/2/02

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_