CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. 2040 Pacheco St. 30-025-11212 Santa Fe, NM 87505 DISTRICT II sIndicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE STATE DISTRICT III 6State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" Langlie Mattix Unit (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: OIL WELL GAS WELL OTHER 2Name of Operator «Well No. Ralph C Bruton 16 3Address of Operator Pool name or Wildcat 3500 Acoma Hobbs New Mexico 88240 Langlie Mattix-7RVR. Qu. GRBG 4Well Location 660 South 1980 Unit Letter Feet From The West Line and Feet From The 23 24-S Section 37-E NMPM Lea County 10Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER: 12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103 3-07-03 Spot 25 sks of cement @ 3250'-2930'. Tagged @ 2925' Circ. well with MLF Pulled 2000' of 4 1/2" casing 12374151677 0168 100 3-10-03 Spot 35 sks of cement @ 2050'-1889'. Tagged @ 1889' 3-11-03 Perf 7" casing @ 1250' squeezed 40 sks of cement. Tagged @ 1138' Perf @ 930' Tagged @ 850' 3-12-03 Spot 10 sk surface plug 60' to surface Cut off wellhead and anchors 3' BGL. Install dry hole marker. Approved as to Plugging of the Well Bore. Liability under bond is retained until Surface restoration is completed. I hereby certify that the infa SIGNATURE TYPE OR PRINT NAME TELEPHONE NO. (This space for State Use) Dist Superin