

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 June 10, 2003

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

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.)		WELL API NO. <u>30-025-34070</u>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <u>STEARNS</u>		6. State Oil & Gas Lease No. <u>VA-1392</u>
3. Address of Operator <u>HC 65 Box 988, Crossroads, NM 88114</u>		7. Lease Name or Unit Agreement Name <u>STATE 16</u>
4. Well Location Unit Letter <u>P</u> : <u>330</u> feet from the <u>South</u> line and <u>940</u> feet from the <u>EAST</u> line Section <u>16</u> Township <u>9S</u> Range <u>37E</u> NMPM <u>Lea</u> County		8. Well Number <u>1-Y</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>21566</u>
		10. Pool name or Wildcat <u>Sawyer West MARROW</u>

12. 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: MIT ☒

SUBSEQUENT REPORT OF:

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

13. 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 recompletion.

Plan the week of Dec. 15, 2014 to do a MIT on well. Will call OCD 1 day in advance.

RECORD ONLY

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

SIGNATURE John R. Stearns TITLE Owner DATE 12-12-2014
Type or print name John R. Stearns E-mail address: Telephone No. 575 369-5015
(This space for State use)

APPROVED BY Brian Samaha TITLE Staff Manager DATE 12/16/2014
Conditions of approval, if any:

DEC 17 2014