

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

Form C-103
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

WELL API NO.
 30-025-05902

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:
~~Eunice Monument Eumont (EME)~~ SWD

8. Well No. M-5

9. Pool name or Wildcat
 SWD SAN ANDRES

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.)

1. Type of Well:
 Oil Well Gas Well Other SWD Well

2. Name of Operator
 RICE OPERATING COMPANY

3. Address of Operator
 122 W. TAYLOR, HOBBS, NM 88240

4. Well Location
 Unit Letter M : 990 feet from the SOUTH line and 330 feet from the WEST line
 Section 5 Township 20S Range 37E NMPM LEA County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3554' GL; 3567' KB

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:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
 CASING TEST / CEMENT JOB
 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.

INSTALL INJECTION PACKER PURSUANT TO NM UIC LETTER 12-01-99: GENERIC PROCEDURE ATTACHED

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

SIGNATURE Carolyn Doran Haynes TITLE OPERATIONS ENGINEER DATE 5-3-00

Type or print name CAROLYN DORAN HAYNES Telephone No. 505-393-9174

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

J
C
S