

Submit 3 Copies

To Appropriate

District Office

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

811 South First, Artesia NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised 1-1-89

WELL API NO. **34475**
30-025-34425

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement
Name: FCR 20 State

8. Well No.
2

9. Pool name or Wildcat
Eumont; Yates, 7 Rvrs, Queen

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

2. Name of Operator
Falcon Creek Resources, Inc.

3. Address of Operator
621 17th St., Suite 1800
Denver, CO 80293-0621

4. Well Location
Unit letter F: 1980 feet from the North line and 1980 feet from the West line
Section 20, Township 20S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.
3627' GL

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

OTHER: _____

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING

COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT

CASING TEST AND 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.

We would like to change the following on the captioned well:

1. Location from 1980 FNL, 2130 FWL to 1980 FNL, 1980 FWL
2. Total Depth from 4000' to 4900'
3. Surface casing from 500' with 270 sx cmt to 400' with 270 sx cmt.
4. Production casing from 4000' with 730 sx cmt to 4900' with 950 sx cmt.

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

SIGNATURE Oscar L. Peters TITLE Mgr of Operations DATE January 27, 1999

Type of print name Oscar L. Peters

Telephone No. (303) 675-0007

(This space for State use)

APPROVED

BY _____ TITLE _____ DATE MAY 19 1999

Conditions of approval, if any:

JE

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