

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 March 25, 1999

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

WELL API NO. 30-037-20053
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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
CKG ENERGY

3. Address of Operator
PO BOX 1065, TUCUMCARI

4. Well Location

Unit Letter **G** : **1980'** feet from the **NORTH** line and **1980'** feet from the **EAST** line

Section **19** Township **10N** Range **27E** NMPM **QUAY** County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
4405' GR

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 AND CEMENT JOB ☐

OTHER: **SET CIBP, PERF & ACIDIZE** ☒

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 recompletion.

03-14-03 - PULL OUT OF HOLE W/ PKR FROM ZONE #4 - RIG UP WL & SET CIBP @ 6210' TIR W/ PKR & 184 JTS 2 3/8" TSG. SET PKR @ 6145' - SWAB TEST WELL, GAS SHOW ON 5TH RUN. W/ 8' TO 10' FLAIR - W/O ACID

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

SIGNATURE  TITLE **AGENT** DATE **04-02-03**

Type or print name **MIKE VOWELL** Telephone No.

(This space for State use)

APPROVED BY  TITLE **DISTRICT SUPERVISOR** DATE **4/4/03**

Conditions of approval, if any: