

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |                                     |
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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

|   |                              |
|---|------------------------------|
| 5a. Indicate Type of Lease              |                              |
| State <input type="checkbox"/>          | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.<br>LG 5209 |                              |

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-   | 7. Unit Agreement Name<br>T-4 (Enhanced Recovery) Unit |
| 2. Name of Operator<br>Rio Petro, Ltd.  | 8. Form of Lease Name<br>T-4 (Enhanced Recovery) Unit  |
| 3. Address of Operator<br>4835 LBJ Freeway, Suite 635, Dallas, Texas 75234  | 9. Well No.<br>1                                       |
| 4. Location of Well<br>UNIT LETTER <u>N</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM<br>THE <u>West</u> LINE, SECTION <u>8</u> TOWNSHIP <u>11N</u> RANGE <u>26E</u> NMPM. | 10. Field and Pool, or Wildcat<br>Wildcat              |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>4777.0' GR   | 12. County<br>Guadalupe                                |

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

|  |   |  |   |
|--|---|--|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>                    |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>     | PLUG AND ABANDONMENT <input type="checkbox"/>               |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <input checked="" type="checkbox"/> Changed well name |

17. 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.

Area was unitized and well name has been changed from Karen State No. 1 to T-4 (Enhanced Recovery) Unit No. 1.

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

|                                 |                         |                     |
|---------------------------------|-------------------------|---------------------|
| SIGNED <u>Charles C. Joy</u>    | TITLE <u>Agent</u>      | DATE <u>7-10-84</u> |
| APPROVED BY <u>[Signature]</u>  | TITLE <u>SUPERVISOR</u> | DATE <u>7-24-84</u> |
| CONDITIONS OF APPROVAL, IF ANY: |                         |                     |