

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 ☐ Fee ☒
5. 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Rio Petro, Ltd. 3. Address of Operator 4835 LBJ Freeway, Suite 635, Dallas, Texas 75234 4. Location of Well UNIT LETTER C, 800 FEET FROM THE North LINE AND 2310 FEET FROM THE West LINE, SECTION 17 TOWNSHIP 11N RANGE 26E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 4771.0' GR	7. Unit Agreement Name T-4 (Enhanced Recovery) Unit 8. Farm or Lease Name T-4 (Enhanced Recovery) Unit 9. Well No. 5 10. Field and Pool, or Wildcat Wildcat 12. County Guadalupe
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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 Changed well <input checked="" type="checkbox"/>

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 was changed from Jeanne No. 3 to T-4 (Enhanced Recovery) Unit No. 5

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

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