## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| and the territories as |   |   |
|------------------------|---|---|
| me, or cortes acceives | 1 |   |
| DISTRIBUTION           |   |   |
| SANTA FE               |   | / |
| FILE                   |   |   |
| U.S.G.S.               |   |   |
| LAND OFFICE            |   |   |
| OPERATOR               | T |   |

## OIL CONSERVATION DIVISION

| DISTRIBUTION  | P. O. BOX 2088  |   | Form C-103<br>Revised 10-1-78                            |
|---|---|---|--|
| SANTA FE  | SANTA FE, NEW   | MEXICO 87501  |  |
| U.S.G.S.  |   |   | 5a. Indicate Type of Lease                               |
| LAND OFFICE   |   |   | State FeeXX  |
| OPERATOR  |   |   | 5. State Oil & Gas Lease No.                             |
| SUNDRY NO   | OTICES AND REPORTS ON   | WELLS   |  |
| SUNDRY NO SUNDRY NO PROPOSAL USE "APPLICATION FO                  | 5 TO DRILL OR TO DEEPEN OR PLUG B<br>IR PERMIT -'' (FORM C-101) FOR SUC | ACK TO A DIFFERENT MESERVOIM, H PROPOSALS.)             | 7 Unit Agreement Name                                    |
| 1. OIL X GAB WELL O   | THEM-   |   | 7. Unit Agreement Name<br>T-4 (Enhanced Recovery<br>Unit |
| 2. Name of Operator   |   |   | 6. Form or Lease Name T-4 (Enhanced Recovery             |
| Rio Petro, Ltd.   |   |   | Unit   |
|   | ite 635, Dallas, Texa   | a 7523/i  | 4  |
| 4. Location of Well   | rec 039, Darias, Texa   | 5 17234   | 10. Field and Pool, or Wildcat                           |
| UNIT LETTER C 80  | O FEET FROM THE North   | LINE AND2145F   | Wildcat  |
|   |   |   |  |
| THE West LINE, SECTION  | 17 TOWNSHIP 11  | MANGE ZOE   | _ NMPM. ()   |
|   | 15. Elevation (Show whether   | DF, RT, GR, etc.)                                       | 12. County   |
|   | 4759.0' GR  |   | Guadalupe ()   |
| 16. Check Appr  | opriate Box To Indicate N   | ature of Notice, Report                                 | or Other Data  |
| NOTICE OF INTER   | •   | •   | QUENT REPORT OF:   |
|   |   |   |  |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON  | REMEDIAL WORK   | ALTERING CASING  |
| TEMPORARILY ABANDON   |   | COMMENCE DRILLING OPHS.                                 | PLUG AND ABANDONMENT                                     |
| PULL OR ALTER CASING  | CHANGE PLANS  | CASING TEST AND CEMENT JOB OTHER Change                 | d well name  |
|   |   | OTHER OHATISC   | d well limit   |
| OTHER   |   |   |  |
| 17. Describe Proposed or Completed Operation work) SEE RULE 1103. | ons (Clearly state all pertinent det                                    | ails, and give pertinent dates,                         | ncluding estimated date of starting any proposed         |
| 25.0, 232 332 332   |   | •   | ·  |
| Area was unitized and   | d well name was chanc   | ed from Jeanne No                                       | 5 to T-4 (Enhanced Recovery)                             |
| Unit No. 4.   | well mame was emang.  | ed 110m ocamic No.                                      | 5 to 1-4 (Elimanced Recovery)                            |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   | r   |  |
|   |   |   |  |
| •   |   |   |  |
|   |   |   | ·  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
| 18. I hereby certify that the information above                   | s is true and complete to the best of                                   | of my knowledge and belief.                             |  |
| al l a \  |   | Agent   | 7-10-84  |
| SIGNED Charles Con  |   | Agent   | DATE (-1U-04   |
| 12011   | ****  | er sylvania i de se |  |
| APPROVED BY Og Cherry   | TITLE   |   | DATE 7-24-84   |
| CONDITIONS OF APPROVAL, IF ANY:                                   |   |   |  |