

District I

1625 N. French Dr., Hobbs, NM 87220

District II

811 South First, Artesia, NM 87203

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, NM 87505

Revised March 25, 1999

WELL API NO.

30-015-32420

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Todd "2" State

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
Ricks Exploration, Inc.

8. Well No. 11

3. Address of Operator 110 W. Louisiana, Ste. 410
Midland, Texas 79701

9. Pool name or Wildcat
Ingle Wells; Delaware

4. Well Location

Unit Letter C : 660 feet from the North line and 1980 feet from the West line

Section 2 Township 24S Range 31E NMPM County Eddy

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3482' 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: Open additional perfs ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOBS ☐

OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.

1. MIRU and perforate w/4" casing gun 2 spf: 6932-49' & 6897-6902' (44 holes).
2. Acidize perfs w/2500 gals 7 1/2% NEFE & 88 BS.
3. Swab and evaluate for additional stimulation.
4. Perforate w/4" casing gun 2 spf: 6797 - 6816' (38 holes)
5. Breakdown perfs w/2000 gals 7 1/2% NEFE.
6. Swab and evaluate for additional stimulation.

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

SIGNATURE Haylie Urias TITLE Regulatory Analyst

DATE 04/07/2003

Type or print name Haylie Urias

Telephone No.

(This space for State use)

APPROVED BY Jim W. Green TITLE District Supervisor

DATE APR 28 2003

Conditions of approval, if any: