

Office

District I

1625 N. French Dr., Hobbs, NM 7240

District II

811 South First, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87400

District IV

2040 South Pacheco, Santa Fe, NM 87505

Minerals and Natural Resources

Revised March 25, 1999

WELL API NO.

30-015-32781

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Todd "2" State

8. Well No. 14

9. Pool name or Wildcat

Ingle Wells; Delaware

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.

3. Address of Operator 550 W. Texas, Suite 1300, Midland, Texas 79701

4. Well Location

Unit Letter 2 : 660 feet from the North line and 1845 feet from the East line

Section 2 Township 24S Range 31E NMPM County Eddy

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

3495 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 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.

7/9/03 Spud 17 1/2" hole @ 5 AM CDT.

07/11/03 Ran 20 jts. 13 3/8" 48# H-40, ST&C csg. set @ 905'. Ran 9 centralizers and cmt'd w/400 sx 35/65 Poz C w/ 1/4# CF, 6% gel & 5% salt & tailed w/200 sx C I C w/2% CaCl + 1/4# CF. Circ 143 sx to pit.

WOC

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

SIGNATURE Brenda Coffman TITLE Regulatory Analyst DATE 07/14/2003Type or print name Brenda Coffman

Telephone No. _____

(This space for State use)

APPROVED BY _____ TITLE _____ DATE 17 2003Conditions of approval, if any: FOR RECORDS ONLY