

Submit 3 Copies To Appropriate District

Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87401

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico

Energy, Minerals and Natural Resources

Form C-103

Revised May 08, 2003

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-015-~~00674~~ 30939

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

RAMAPO

8. Well Number

#1Y

9. OGRID Number

182162

10. Pool name or Wildcat

EMPIRE YATES SR

SENDRY 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

ROJO GRANDE LLC

3. Address of Operator

P.O. BOX 248, ARTESIA, NM 88210

4. Well Location

Unit Letter K : 1687 feet from the SOUTH line and 2367 feet from the WEST line

Section 36

Township 17S

Range 27E

NMPM

County EDDY

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

3614'

12. 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 JOB ☐

OTHER: ☐

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

6/2/03

Total depth of 524'

Fluid level @ 519'.

Fill csg to surf w/ 80 cuft of Class C ready mix.

Install dry hole marker.

Work witnessed by OCD

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

SIGNATURE Robin Cochran TITLE Agent DATE 7/5/03

Type or print name

Telephone No.

(This space for State use)

APPROVED BY

TITLE

DATE

Conditions of approval, if any:

APPROVED AUG 11 2003