

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-015-23351
5. Indicate Type of Lease STATE ☒ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: LAKey Com
8. Well No. 001
9. Pool name or Wildcat Loving Morrow, North
10. Elevation (Show whether DR, RKB, RT, GR, etc.)

SUNDRY NOTICES AND REPORTS ON WELL
(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
RAY Westall

3. Address of Operator
P.O. Box 4 - Loco Hills, NM 88245

4. Well Location

Unit Letter **L** : **2280** feet from the **South** line and **660** feet from the **West** line
Section **20** Township **23S** Range **28E** NMPM County **Eddy**

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☒	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPLETION ☐	CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: ☐	

12. 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.

Set RBP above perms. Test casing for temporary shut in status.
Set LBP @ 6330' - Test As Per Rule 203

Notify OCD 24 hours prior to any work done
Notify OCD 24 hours prior to test. 748-1283

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

SIGNATURE **[Signature]** TITLE **Production** DATE **8/5/03**

Type or print name **[Signature]** Telephone No. **[Signature]**

APPROVED BY **[Signature]** TITLE **[Signature]** DATE **APPROVED AUG 12 2003**

Conditions of approval, if any: