

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
RECEIVED BY  
P.O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
JAN 06 1984  
O. C. D.  
ARTESIA OFFICE

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease  
State ☒ Fee ☐  
5. State Oil & Gas Lease No.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Diamondback Pet. Inc. <input checked="" type="checkbox"/>	8. Farm or Lease Name Cave State
3. Address of Operator P.O. Box 2938 Ruidoso, NM	9. Well No. 2
4. Location of Well UNIT LETTER <u>H</u> <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM <u>East</u> THE <u>5</u> LINE, SECTION <u>17</u> S <u>29</u> E RANGE <u>29</u> E NMPM.	10. Field and Pool, or Wildcat Cave
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Eddy

16. 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 ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER Show water flow information ☒

17. 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.

12/14/83 Hit water flow @ 1750 est 45 gal/min  
at TD water reduced to 20 gal/min

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

SIGNED [Signature]

TITLE Geologist

DATE 1/6/84

APPROVED BY \_\_\_\_\_

TITLE Original Signed By  
Leslie A. Clements  
Supervisor District II

DATE JAN 09 1984

CONDITIONS OF APPROVAL, IF ANY: