DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

C18

WELL API NO.

5. Indicate Type of Lease: STATE ☒ FEE ☐

6. State Oil & Gas Lease No. V-5865

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.)

7. Lease Name or Unit Agreement Name: STERLING STATE

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator: DISCOVERY OPERATING, INC.

8. Well No. 1

3. Address of Operator: 800 N. MARIENFELD, STE. 100, MIDLAND, TX 79701

9. Pool name or Wildcat: CARLSBAD, SOUTH (MORROW)

4. Well Location: Unit Letter I 1830 Feet From The SOUTH Line and 660 Feet From The EAST Line

Section 20 Township 23-S Range 27-E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3162' GR

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 ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: LOCATION CHANGE ☒		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.

MOVED SURFACE LOCATION:
FROM: 1980' FSL & 660' FEL
TO: 1830' FSL & 660' FEL

MOVED DUE TO TOPOGRAPHIC PROBLEMS.

JUN 2001
RECEIVED
OCD ARTESIA

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

SIGNATURE O.A. Routh TITLE AGENT DATE 6-25-01

TYPE OR PRINT NAME O.A. ROUTH TELEPHONE NO. 915-683-5203

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

OCT 17 2001

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: