

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 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 3004532222
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name PUBCO STATE Cmn #K
8. Well Number K
9. OGRID Number
10. Pool name or Wildcat MESAVERDE
11. Elevation (Show whether DR (RKB) RT, GR, etc.) 5947

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
GREAT WESTERN DRILLING CO

3. Address of Operator
Box 1659 MIDLAND, TX. 79702

4. Well Location
Unit Letter **1575** feet from the **SOUTH** line and **2480** feet from the **WEST** line
Section **1575** Township **SOUTH** Range **2480** NMPM **WEST** County

11. Elevation (Show whether DR (RKB) RT, GR, etc.)
5947

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

3/4/05 SPUD WELL @ 09:00 Am w/ MOVE, RIG #1, USING 12 1/4 BIT & AIR. DRILL 0-230' (242' RKB). RAN 10 JTS. 9 5/8" 36#/FT, J55 CSG. TO. 224.6' (236.6' RKB). w/ SAWTOOTH COLLAR + 3 CENTRALIZERS.
CMT w/ 4 YDS. RED-MIX @ 14.7#/GAL & 27% CaCl₂, 10B ft³. DID NOT. CIRC.
3/5/05 TOP OUT CMT w/ 20 SX. @ 14.7#/GAL, YELD 1.19 ft³, 24 ft³. CMT. TO SURFACE.
SHUT DOWN, WAIT ON ROTARY TOOLS.
TAG Cmt @ 17' 3-S. OS & TOP OF LIFT

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒ a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE *Jackie* TITLE *Supv. Engineer* DATE *3/14/05*

Type or print name
For State Use Only
APPROVED BY: *Chath* E-mail address: *AC@nm.gov* SUPERVISOR DISTRICT #3
TITLE _____ Telephone No. *MAR 16 2005*
Conditions of Approval (if any): _____ DATE