

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

Submit 3 Copies
to Appropriate
District Office

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD, Artesia, NM 888210

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

WELL API NO.
30.025-00102

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

[Shaded area]

7. Lease Name or Unit Agreement Name
H. C. Posey A

8. Well No. 5

9. Pool name or Wildcat
E. Caprock Devonian

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 GAS WELL OTHER

2. Name of Operator Paladin Energy Corp.

3. Address of Operator 10290 Monroe Dr., Ste. Ste 301, Dallas, TX 75229

4 Well Location

Unit Letter A : 660 Feet From The North Line and 990 Feet from The East Line

Section 11 Township 12-S Range 32-E NMPM Lea County

Elevation (Show whether DF, RKB, RT, GR, etc)

4349' DF

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 Convert From Rod Pump to Submersible Pump

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTRG CSG
COMMENCE DRLG OPNS. P&A
CSG TST & CMT JOB
OTHER

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date, including estimated date of starting any proposed work) SEE RULE 1103

Pull Rods and downhole pump, TAC. Pull tubing. TIH with tubing, submersible pump and cable. Return well to production on submersible pump.

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

SIGNATURE David J. Plaisance TITLE _____ DATE 2/24/00
214-654-0132

TYPE OR PRINT NAME David Plaisance, Production Manager TELEPHONE NO. _____

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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