

Submit 3 Copies To Appropriate District Office

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, 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

Revised March 25, 1999

RECEIVED

MAY 25 2005

OIL CONSERVATION DIVISION

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-053-20014

5. Indicate Type of Lease

STATE XX FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Dulce Draw State

8. Well No. 1

9. Pool name or Wildcat

Wildcat

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 CO2

2. Name of Operator

Primero Operating, Inc.

3. Address of Operator

PO box 1433, Roswell, NM 88202-1433

4. Well Location

Unit Letter E : 1980 feet from the North line and 660 feet from the West line

Section 2 Township 4S Range 9E NMPM Socorro County

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

5961 GR

11. 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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Temporarily Shut - In XXX

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 recompilation.

On December 17th, this well was Temporarily Shut in awaiting further development of the Unit and installation of gathering and processing equipment.

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

SIGNATURE [Signature] TITLE President DATE 5/18/05

Type or print name Phelps White

Telephone No. 505 622 1001

(This space for State use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 5/23/05

Conditions of approval, if any: