

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

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

Form C-103
Revised May 08, 2003

WELL API NO.

30-037-20054

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
JOHN DAVID

8. Well Number

2

9. OGRID Number

221076

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

2. Name of Operator

CKG ENERGY

3. Address of Operator

PO BOX 1065, TUCUMCARI, NM. 88401

4. Well Location

Unit Letter _____: 1780' _____ feet from the _____ EAST _____ line and _____ 1650' _____ feet from the _____ SOUTH _____ line

Section 19

Township 10N

Range 27E

NMPM

QUAY County

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

4399'

12. 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: CHANGE OF OPERATOR ☐

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.

CKG ENERGY IS SOLE OPERATOR UNDER NEW MEXICO PLUGGING BOND

32636

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

SIGNATURE _____ TITLE _____ AGENT _____ DATE 07-21-03

Type or print name MIKE VOWELL

Telephone No. (505) 365- 7682

(This space for State use)

APPROVED BY _____ TITLE DISTRICT SUPERVISOR DATE 7/28/03

Conditions of approval, if any: