Submit 3 Copies To Appropriate Distri Office	Diate of	State of New Mexico			Form C-103	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			Revised May 08, 2003 WELL API NO. 20055		
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 882	ΟΠ ΟΟΝΙΘΕΡΙΛΑΤΙΟΝΙ ΕΝΙΛΙΘΙΟΝΙ			30-037- 2055 5. Indicate Type of Lease		
District III 1220 South St. Francis Dr.			STATE	FEE _		
District IV Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM				6. State Oil & G	as Lease No.	
87505						
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				RANDALS 8. Well Number		
Type of Well: Oil Well				5. Well Number		
2. Name of Operator				9. OGRID Number 22/076		
CKG ENERGY 3. Address of Operator				9. Pool name or Wildcat		
PO BOX 1065, TUCUMCARI, NM. 88401				WILDCAT		
4. Well Location						
Unit LetterD:_1080'feet from theNORTH line and660'feet from the _WESTline						
Section 20	Township	10N	Range 27E	NMPM	QUAY County	
	10. Elevation (Show	whether Dl 438				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
				SEQUENT RE		
PERFORM REMEDIAL WORK	. L. PLUG AND ABANDO	'N L	REMEDIAL WOR	K LI	ALTERING CASING	
TEMPORARILY ABANDON	☐ CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ID [,,	
OTHER:			OTHER: CHAN	GE OF OPERATO	R 🗆	
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.						
					92633	
CKG ENERGY IS SOI	LE OPERATOR UNDER N	EW MEXI	CO PLUGGING BO	ND		
7	_					
I hereby certify that the informal	ion above is true and comple	ete to the b	est of my knowledge	and belief.		
SIGNATURE		_TITLE	AGENT		DATE 07-21-	
03						
Type or print name MIKE VOWELL Teleph					o. (505) 365-7682	
This space for State use						
APPPROVED BY 12 COMMUNICATION TITLE DISTRICT SUPERVISOR DATE 7/28/03						