Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103	
District I	Energy, Minerals and Natural Resources		Revised May 08, 2003 WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240 District II	OH CONGERNATION DIVIGION			30-037-20052	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			5. Indicate Type of Lease	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410				STATE	
District IV	Santa Fe, NMI 8/303			6. State Oil & G	as Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505					
				7. Lease Name of	or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					A KATHERYN
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH					
PROPOSALS.) 1. Type of Well:				8. Well Number	er
Oil Well Gas Well Other				2	
2. Name of Operator				9. OGRID Num	her
CKG ENERGY				22/076	
3. Address of Operator				10. Pool name or Wildcat	
PO BOX 1065 TUCUMCARI, NM . 88401				WILDCAT	
4. Well Location					
Unit Letter 1 :660' feet from the NORTH line and 660' feet from the WEST line					
Section 30	Township	10N			QUAY County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
		idicate N			
NOTICE OF IN				SEQUENT RE	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	I []	REMEDIAL WOR	к 🗆	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND
PULL OR ALTER CASING   MULTIPLE   CASING TEST AND				ח מע	ABANDONMENT
	COMPLETION		CEMENT JOB		
OTUED.		_			_
OTHER:			1	NG 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. 32638					
CKG ENERGY IS SOLE OPERATOR UNDER NEW MEXICO PLUGGING BOND					
CRG ENERGY IS SOLE OPERATOR UNDER NEW MEXICO PLUGGING BOND					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
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SIGNATURE		TITLE	AGENT		DATE_07-21-03
Type or print name MIKE VOW	aci i			m-1-	.1 3T- (50m) 4cm #con
				Tele	phone No. (505) 365-7682
(This space for State use)	\ // / /			<del></del>	<del>*************************************</del>
APPPROVED BY	Chum.	in e Ol	STRICT SU		[ / -
APPPROVED BY Conditions of approval, if any:	bhim.	mle DI	STRICT SUI		DATE_7/28/03