

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

Form C-103  
Revised May 08, 2003

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

WELL API NO. 30-037-20057
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name RANDALS
8. Well Number 7
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 F: 1950' feet from the NORTH line and 1950' feet from the WEST line

Section 29 Township 10N Range 27E NMPM QUAY County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4396'

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

~~32365~~  
prop. 32635

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

SIGNATURE MIKE VOWELL TITLE AGENT DATE 07-21-03

Type or print name MIKE VOWELL  
(This space for State use)

Telephone No. (505) 365- 7682

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 7/28/03

Conditions of approval, if any: