

Submit 3 Copies To Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

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

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

WELL API NO.

30-037-20053

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

JOHN DAVID

8. Well No.

1

9. Pool name or 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

4. Well Location

Unit Letter G : 1980 feet from the NORTH line and 1980 feet from the EAST line

Section 19 Township 10N Range 27E NMPM QUAY County

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

4405' 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: ☐

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.

01-24-03

DRILLED 7 7/8" HOLE TO 6665' & RAN 151 JTS 5 1/2" x 17" LTK CSG SET & CEMENT @ 6665' W/ 135 SKS 50/50 "H", 2% GEL .5% C-15 & .5% C-37 (1ST STAGE) WAIT 6 HRS & CEMENT 2ND STAGE W/ 525 SK 50/50 "H" - PLUS DONE 6:00AM 1-24-03.

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

SIGNATURE [Signature] TITLE AGENT DATE 04-02-03

Type or print name MIKE UOWELL Telephone No.

(This space for State use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 4/4/03

Conditions of approval, if any