Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO. 30-015-03702-00-00
5. Indicate Type of Lease STATE ☐ FEE ☑
6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: Malaya Unit
1. Type of Well: Oil Well ☑ Gas Well ☐ Other SWD
8. Well No. 002
2. Name of Operator Calvin E. Tennison
9. Pool name or Wildcat
3. Address of Operator 2401 Martin Dr.
4. Well Location
Unit Letter ____ : ____ feet from the ____ line and ____ feet from the ____ line
Section 17 Township 21S Range 29E NMPM County Eddy
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☑	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPLETION	☐	CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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 recompletion.

Completed - 10-31-00
Pulled Tubing, Tested, Installed new Packer — 17 Joints Tubing --- Installed new Ring Gate — Welded hair Line crack in Surface Casing - Pressure Tested -- O.K.

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

SIGNATURE Bill Rich TITLE Manager DATE 12-14-00

Type or print name Bill Rich Telephone No. 397-3975

(This space for State use)

APPPROVED BY ____ TITLE ____ DATE ____

Conditions of approval, if any: