

Office

Revised March 25, 1999

District I

1625 N. French Dr., Hobbs, NM 87240

District II

811 South First, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87401

District IV

2040 South Pacheco, Santa Fe, NM 87505

Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, NM 87505

WELL API NO.

30-005-63494

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Moon

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 ☒ Other2. Name of Operator
Ricks Exploration, Inc.

8. Well No. 1

3. Address of Operator 110 W. Louisiana, Ste. 410
Midland, Texas 797019. Pool name or Wildcat
Wildcat; Morrow

4. Well Location

Unit Letter G : 1980 feet from the North line and 1980 feet from the East line

Section 35

Township 8S

Range 29E

NMPM

County Chaves

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
4030' 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 JOBS ☐OTHER: frac job ☒

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.

3-11-03 Frac Morrow perfs 8211' - 18' & 8382' - 8386' down 2 7/8" tbg w/40# linear binary 13,000 gals w/15% methanol, 326 Mscf N₂, 65 tons CO₂ & 39,500# interprop 20/40. Began swab

3-13-03 Testing

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

SIGNATURE Haylie Urias TITLE Regulatory Analyst DATE 04/10/2003

Type or print name Haylie Urias

Telephone No.

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

Record