

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
Revised August 1, 2011

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| WELL API NO. 30-015-10860 | |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> | |
| 6. State Oil & Gas Lease No. | |
| 7. Lease Name or Unit Agreement Name Paul Terry | |
| 8. Well Number 2 | |
| 9. OGRID Number 122912 | |
| 10. Pool name or Wildcat | |
| 4. Well Location Unit Letter <u>H</u> : <u>1650</u> feet from the <u>N</u> line and <u>990</u> feet from the <u>E</u> line Section <u>15</u> Township <u>18S</u> Range <u>26E</u> NMPM County: <u>Eddy</u> | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 1650 FNL 990 FEL | |

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 COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER:

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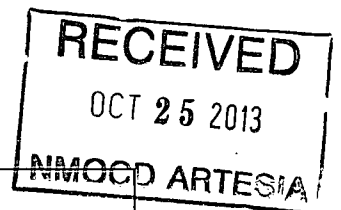
OTHER:

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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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Move pump jack in to get well back into production.

Run in Rods, pump and add additional rods as necessary.



Spud Date:

Rig Release Date:

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

SIGNATURE W- [Signature] TITLE Land Manager DATE 10/17/13

Type or print name Ozzie Rea E-mail address: orea@crystalriveroil.com PHONE: 760-753-3330

For State Use Only

APPROVED BY: [Signature] TITLE Dist B Supervisor DATE 10/25/2013

Conditions of Approval (if any):