Submit I Copy To Appropriate District Office State of New Mexico	Form C-103
Office District I – (575) 393-6 MM OIL CONSERVATION, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM & 2465IA DISTRICT District II - (575) 748-1283	30-015-23618
811 S. First St., Artesia, NM 8821MAY 1 1 2003L CONSERVATION DIVISION	
District III – (505) 334-6178 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
District IV - (505) 476-3460 RECEIVED Santa Fe, NM 8/505 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No. B-4108-32
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	7. Lease Name or Unit Agreement Name COWTOWN LOYD
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other SWD	8. Well Number 001
2. Name of Operator RAY WESTALL OPERATING, INC.	9. OGRID Number 119305
3. Address of Operator P.O. BOX 4, LOCO HILLS, NM 88255	10. Pool name or Wildcat
4. Well Location	
Unit Letter 1: 1830' feet from the SOUTH line and 510' feet from the EAST line.	
Section 14 Township 18S Range 28E	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
12. 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 DRIL	_
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM	· · · ·
OTHER:	Marketter and the second
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13. Describe proposed or completed operations. (Clearly state all pertinent details, and of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Com- proposed completion or recompletion.	
FOUND TUBING PLUG, CHANGED OUT TUBING STRING WITH 2 7/8 SALTA LINED TUBING, RESET PACKER AT 8447. CHART ATTACHED, WITNESSED BY RICHARD INGE, NMOCD – ARTESIA.	
Richard Inge has Chart.	
Spud Date: Rig Release Date:	
I house coutify that the information I	
I hereby certify that the information above is true and complete to the best of my knowledge	and belief.
SIGNATURE CU Ope TITLE BOOKKeep	er DATE 5/5/15
Type or print name RENE Hope E-mail address: For State Use Only	PHONE: <u>575-677-2</u> 370
APPROVED BY: Pichted Was TITLE Computeres Of Conditions of Approval (if any):	FALGE DATE 5/13/15