| C. L. 1920 C. T. A | G | 3.6 ' | | 5 F C 102 |
|--|--|--------------------------------------|-------------------------|--|
| Submit 3 Copies To Appropriate District Office | State of New | | | Form C-103 Revised May 08, 2003 |
| District I 1625 N. French Dr., Hobbs, NM 88240 | Energy, Minerals and l | Natural Resources | WELL API NO. | Revised May 00, 2003 |
| District II | OIL CONSERVAT | ON DIVISION | 30-015-265 | 593 |
| 1301 W. Grand Ave., Artesia, NM 88210 District III | 1220 South St. | | 5. Indicate Type of | Lease |
| 1000 D:- D DJ A ND4 07410 | | | STATE X | <u>'</u> |
| District IV | Santa Fe, NM | VI 8/303 | 6. State Oil & Gas | Lease No. |
| 87505 | | | V - 1576 | |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTIO (DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.) 1. Type of Well: Oil Well The Good Well Tele | CES AND REPORTS ON WE | LLS 123456 | 7. Lease Name or I | Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC | ALS TO DRILL OR TO DEEPEN O ATION FOR PERMIT" (FORM CAL | RATEUG BACK TO A SON | East Burton | Flat 36 State |
| PROPOSALS.) | (8) | 2 0003 | 8. Well Number | |
| 1. Type of Well: Oil Well Gas Well T | Other $\begin{pmatrix} \infty \\ \Sigma \\ \Sigma \end{pmatrix}$ | 11/1/ 5003 | S) wen reamon | |
| On wen Gas wenX | Other | RECEIVED (14 | ω) #1 - 5 | |
| 2. Name of Operator St. Mary Land & Exp. | loration Co. | OCD - ARTESIA | OGRID Number 154903 | |
| 3. Address of Operator | totation co. | · | 10. Pool name or V | Wildcat |
| P.O. Box 7168 | Billings, MT 59103 | \$5029181118 | | Parkway Atoka |
| 4. Well Location | | 160600 | | |
| | | | | |
| Unit LetterI:_ | 2240 feet from the | S line and 6 | ob() feet from | the <u>E</u> line |
| Section 36 | Township 19S | Range 29E | NMPM | County Eddy |
| 38 | 11. Elevation (Show whether | | | The second second |
| | 3330' | | | and the second s |
| 12. Check A | ppropriate Box to Indica | te Nature of Notice, | Report or Other D |) ata |
| NOTICE OF IN | | SUB | SEQUENT REP | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORL | K 🗆 A | ALTERING CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRI | LLING OPNS T | PLUG AND |
| TEMI OTAINET ABANDON | OHANOL I LANO | OOMIVIENCE DIG | | ABANDONMENT |
| PULL OR ALTER CASING | MULTIPLE | CASING TEST AN | 1D 🗆 | |
| | COMPLETION | CEMENT JOB | | |
| OTHER: | | OTHER: | | |
| 13. Describe proposed or comple | eted operations. (Clearly state | all pertinent details, and | d give pertinent dates. | , including estimated date |
| | rk). SEE RULE 1103. For M | ultiple Completions: Att | tach wellbore diagran | n of proposed completion |
| or recompletion. | | | | |
| | | | | |
| | | | | |
| 1DD 151 1 11 | 11 11 11 | | | 4001 |
| APD specified the we | ell would be sidetra | cked to a measure | ed depth of 11. | ,132'. Our |
| drill stem testing | Strawn & Atoka) came the Atoka at 11,191' | in tow to progne | osis. Current | ly we are |
| 11.300' MD to allow | enough rathole for | · we propose and loss and(honeful | ly) production | ar depth to |
| -1,000 12 00 011011 | | roge and moperar. | ty/ production | casing. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| I hereby certify that the information a | bove is true and complete to t | he best of my knowledge | and helief | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | |
| SIGNATURE Stewart R | Thackray TITL | E <u>Operations Eng</u> | ineerI | DATE <u>5/28/03</u> |
| | σ_{\parallel} | | , mar. 4 | 31 /06 077 |
| Type or print name Herb Tha | ackeray | | Lelephor | ne No406-255-8627 |
| (This space for State use) | 64 | | | |
| APPPROVED BY Accepted | for record TITLE | <u> </u> | | DATE JUN 1 0 2003 |
| Conditions of approval, if any: | | | | |