

Submit 3 Copies To Appropriate  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos, 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.  
**30-015-22955**

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
**648**

SENDRY 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 ☐ Other ☐

2. Name of Operator  
**RAY Westall**

3. Address of Operator  
**P.O. Box 4 - Loco Hills, NM 88255**

4. Well Location  
Unit Letter **E** : **1980** feet from the **North** line and **660** feet from the **West** line  
Section **24** Township **19S** Range **27E** NMPM County **Eddy**

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

7. Lease Name or Unit Agreement Name:  
**State G Com**

8. Well No.  
**001**

9. Pool name or Wildcat  
**Angell Ranch Atoka Morrow**

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 JOB ☐  
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 recompilation.

**Set RBP above perfs. Test casing for temporary shut in status**  
**Set RBP @ 9400' test As per Rule 203**  
**Notify OCD 24 hours prior to test. 748-1283**

Accepted for record - NMOC

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

SIGNATURE **Guin Mathews** TITLE **Production** DATE **8/5/03**

Type or print name

Telephone No.

(This space for State use)

APPROVED BY **[Signature]** TITLE **Field Rep ID** DATE **Aug 12 2003**  
Conditions of approval, if any: