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

AUG 2003
RECEIVED
OCD - ARTESIA

| | |
|---|---|
| WELL API NO. | 30-015-22955 |
| 5. Indicate Type of Lease | STATE ☒ FEE ☐ |
| 6. State Oil & Gas Lease No. | 648 |

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.)

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

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator: Ray Westall — 8. Well No.: 001

3. Address of Operator: P.O. Box 4 - Loco Hills, NM 88255 — 9. Pool name or Wildcat: Angell Ranch Atoka Morrow

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.)*

11. 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 DRILLING OPNS. | ☐ | PLUG AND ABANDONMENT | ☐ |
| PULL OR ALTER CASING | ☐ | MULTIPLE COMPLETION | ☐ | CASING TEST AND CEMENT JOB | ☐ | | |
| OTHER: | ☐ | | | 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 - NMOCD

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

SIGNATURE Jerri Mathews TITLE Production DATE 8/5/03

Type or print name Telephone No.

(This space for State use)

APPPROVED BY TITLE Field Rep II DATE APPROVED AUG 12 2003

Conditions of approval, if any: