Submit 1 Copy To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
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
October 13, 2009

WELL API NO.
30-015-23571

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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 B 1111 TR2

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

RECEIVED
MAR 10 2010
NMOCD ARTESIA

8. Well Number #20

2. Name of Operator
CFM OIL COMPANY

9. OGRID Number 3322

3. Address of Operator
PO BOX 1176 ARTESIA, NM 88211

10. Pool name or Wildcat
EMPIRE YATES 7 RIVERS EAST

4. Well Location
Unit Letter A : 330 feet from the N line and 330 feet from the E line
Section 22 Township 17S Range 28E NMPM County EDDY

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 DRILLING OPNS	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
DOWNHOLE COMMINGLE	☐						
OTHER.	☐			OTHER:			☐

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.

4/29/09 REPLACED STOLEN ELECTRIC LINE TO WELL
RETURNED WELL TO PRODUCTION

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 Leslie Patterson TITLE PRODUCTION CLERK/ OFFICE MANAGER DATE 2/22/10

Type or print name Leslie Patterson E-mail address: lesliewpatterson@msn.com PHONE: 575-746-3099

For State Use Only

APPROVED BY: Lewis R Dade TITLE Dist II Supervisor DATE 03/10/2010
Conditions of Approval (if any):