

Submit 3 Copies 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

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.  
30-005-60020

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
7546

7. Lease Name or Unit Agreement Name  
Diablo State

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.)

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

RECEIVED

2. Name of Operator  
Slayton Resources, Inc.

JAN 26 2004

8. Well No.

2

3. Address of Operator  
P.O. Box 2035, Roswell, NM 88202-2035

OCD-ARTESIA

9. Pool name or Wildcat  
Diablo San Andres

4. Well Location

Unit Letter I 1980 feet from the S line and 600 feet from the E line

Section 16 Township 10S Range 27E NMPM County Chaves

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:

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.

We have contracted Rickie Smith (Mayo Marrs Casing Pullers) of Kermit, TX to P & A this well as soon as possible.

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

SIGNATURE Paul Slayton TITLE agent DATE 1-14-04

Type or print name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 26 2004  
Conditions of approval, if any: \_\_\_\_\_