| Submit 3 Copies To Appropriate District                                                                     | State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. |                      |                             | Form C-103                           |                         |  |  |  |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|--------------------------------------|-------------------------|--|--|--|
| Office District I                                                                                           |                                                                                                                 |                      |                             | WELL API NO.                         | Revised March 25, 1999  |  |  |  |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II                                                          |                                                                                                                 |                      |                             | 30-005-60289  5. Indicate Type of    | f Lease                 |  |  |  |
| 811 South First, Artesia, NM 88210<br>District III                                                          |                                                                                                                 |                      |                             | STATE X                              |                         |  |  |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410                                                                        | Santa Fe, NM 87505                                                                                              |                      |                             | 6. State Oil & G                     |                         |  |  |  |
| District IV<br>1220 S. St. Francis Dr., Santa Fe, NM 875                                                    | 05                                                                                                              |                      |                             | L-4608                               |                         |  |  |  |
| SUNDRY NOT<br>(DO NOT USE THIS FORM FOR PROP<br>DIFFERENT RESERVOIR. USE "APPL                              | 7. Lease Name or<br>State-Com                                                                                   | Unit Agreement Name: |                             |                                      |                         |  |  |  |
| PROPOSALS.)  1. Type of Well:                                                                               |                                                                                                                 |                      |                             |                                      |                         |  |  |  |
| Oil Well Gas Well                                                                                           | Other                                                                                                           |                      |                             | 8. Well No.                          | 1                       |  |  |  |
| 2. Name of Operator Herman V. Wallis                                                                        |                                                                                                                 |                      |                             |                                      |                         |  |  |  |
| 3. Address of Operator Post Office Box 291                                                                  | 358, Kerrville, Te                                                                                              | exas 780             | 29-1858                     | 9. <b>Pool name or</b><br>Sams Ranch | n Grayburg              |  |  |  |
| 4. Well Location                                                                                            |                                                                                                                 |                      |                             |                                      |                         |  |  |  |
| Unit Letter0                                                                                                | : 660 feet from the                                                                                             | South                | line and1                   | 980feet from                         |                         |  |  |  |
| Section 11                                                                                                  | Township                                                                                                        | 14S Rai              | nge 28E                     | NMPM                                 | County Chaves           |  |  |  |
| Section 11                                                                                                  | 10. Elevation (Show                                                                                             | whether Di           | R, RKB, RT, GR, e           | tc.)                                 |                         |  |  |  |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data                                |                                                                                                                 |                      |                             |                                      |                         |  |  |  |
| II. Check                                                                                                   | NTENTION TO:                                                                                                    | Idicate 14           | SUE                         | SEQUENT REF                          |                         |  |  |  |
| PERFORM REMEDIAL WORK                                                                                       | PLUG AND ABANDOI                                                                                                | N 🔲                  | REMEDIAL WOF                |                                      | ALTERING CASING         |  |  |  |
| TEMPORARILY ABANDON                                                                                         | CHANGE PLANS                                                                                                    |                      | COMMENCE DR                 | RILLING OPNS.                        | PLUG AND<br>ABANDONMENT |  |  |  |
| PULL OR ALTER CASING                                                                                        | MULTIPLE<br>COMPLETION                                                                                          |                      | CASING TEST A<br>CEMENT JOB | AND                                  |                         |  |  |  |
| OTUED.                                                                                                      |                                                                                                                 |                      | OTHER:                      |                                      |                         |  |  |  |
| OTHER: Clearly state all pertinent details, and give pertinent dates, including estimated date              |                                                                                                                 |                      |                             |                                      |                         |  |  |  |
| of starting any proposed work). SEE RULE 1103. For Multiple Completions. Attach we note diagram of purposed |                                                                                                                 |                      |                             |                                      |                         |  |  |  |
| or recompilation. All remedial work to be accomplished at a later date.                                     |                                                                                                                 |                      |                             |                                      |                         |  |  |  |
| Well shut in as low volume - high pressure producer. Will plug back to bottom of                            |                                                                                                                 |                      |                             |                                      |                         |  |  |  |
| surface pipe. Will directional drill for recompletion in SESE Section 14-1145-R26E.                         |                                                                                                                 |                      |                             |                                      |                         |  |  |  |
| Will horizontal complete in Sams Ranch Grayburg.                                                            |                                                                                                                 |                      |                             |                                      |                         |  |  |  |
|                                                                                                             |                                                                                                                 |                      |                             | 11510                                |                         |  |  |  |
|                                                                                                             |                                                                                                                 |                      | /                           | 2374101017                           | X                       |  |  |  |
|                                                                                                             |                                                                                                                 |                      |                             | *                                    |                         |  |  |  |
|                                                                                                             |                                                                                                                 |                      | *.                          |                                      | (3)                     |  |  |  |
|                                                                                                             |                                                                                                                 |                      | <u> </u>                    | Ç.;                                  | 9 2                     |  |  |  |
|                                                                                                             |                                                                                                                 |                      |                             |                                      |                         |  |  |  |
| I hereby certify that the informa                                                                           | tion above is true and com                                                                                      | nlete to the         | best of my knowl            | edge and belief.                     |                         |  |  |  |
| I hereby certify that the morning                                                                           |                                                                                                                 | 7 -                  |                             |                                      | DATE_10/01/01           |  |  |  |
| SIGNATURE //                                                                                                |                                                                                                                 | TITLE                | Operacoi                    |                                      | phone No830 257-7532    |  |  |  |
| -71                                                                                                         | man V. Wallis                                                                                                   |                      |                             |                                      | phone rior -            |  |  |  |
| (This space for State use)                                                                                  | , BA                                                                                                            |                      |                             |                                      | DATE                    |  |  |  |
|                                                                                                             | niet                                                                                                            | TITLE_               |                             |                                      | DATE                    |  |  |  |
| Conditions of approval, if any:                                                                             |                                                                                                                 | 830                  | 3 - 895                     | -1718                                |                         |  |  |  |

| Submit 3 Copies To Appropriate District Office                                                                                                                                                   | State of New Mexico                             |           |                   | Form C-103<br>Revised March 25, 1999  |                      |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------|-------------------|---------------------------------------|----------------------|--|--|--|
| District I<br>1625 N. French Dr., Hobbs, NM 88240                                                                                                                                                | Energy, Minerals and Natural Resources          |           |                   | WELL API NO.<br>30-005-60289          |                      |  |  |  |
| District II<br>811 South First, Artesia, NM 88210                                                                                                                                                | OIL CONSERVATION DIVISION                       |           |                   | 5. Indicate Type of Lease             |                      |  |  |  |
| <u>District III</u><br>1000 Rio Brazos Rd., Aztec, NM 87410                                                                                                                                      | 1220 South                                      |           |                   | STATE X FEE                           |                      |  |  |  |
| District IV                                                                                                                                                                                      | District IV Sama Fe, INIVI 6/303                |           |                   | 6. State Oil & O<br>L-4608            | as Lease No.         |  |  |  |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505  SUNDRY NOTIC  (DO NOT USE THIS FORM FOR PROPOS  DIFFERENT RESERVOIR. USE "APPLIC  PROPOSALS."                                                       | 7. Lease Name or Unit Agreement Name: State-Com |           |                   |                                       |                      |  |  |  |
| 1. Type of Well: Oil Well Gas Well                                                                                                                                                               | X Other                                         |           | ·                 |                                       |                      |  |  |  |
| 2. Name of Operator                                                                                                                                                                              | 8. Well No.                                     |           |                   |                                       |                      |  |  |  |
| Herman V. Wallis  3. Address of Operator                                                                                                                                                         | 9. Pool name or Wildcat                         |           |                   |                                       |                      |  |  |  |
| Post Office Box 29185                                                                                                                                                                            | 8, Kerrville, Te                                | xas 780   | 29-1858           | Sams Ranch Grayburg                   |                      |  |  |  |
| 4. Well Location                                                                                                                                                                                 |                                                 |           |                   |                                       |                      |  |  |  |
| Unit Letter 0 : 660 feet from the South line and 1980 feet from the East line                                                                                                                    |                                                 |           |                   |                                       |                      |  |  |  |
| Section 11                                                                                                                                                                                       | Township 1                                      | 4S Ra     | nge 28E           | NMPM                                  | County Chaves        |  |  |  |
| Section                                                                                                                                                                                          | 10. Elevation (Show)                            | whether D | R, RKB, RT, GR, e | tc.)                                  |                      |  |  |  |
| 3604 GR  11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data                                                                                                            |                                                 |           |                   |                                       |                      |  |  |  |
| NOTICE OF IN                                                                                                                                                                                     |                                                 | neate ive | SUE               | SEQUENT REI                           | PORT OF:             |  |  |  |
| PERFORM REMEDIAL WORK                                                                                                                                                                            |                                                 |           | REMEDIAL WOR      | RK 🔲                                  | ALTERING CASING      |  |  |  |
| TEMPORARILY ABANDON                                                                                                                                                                              | CHANGE PLANS                                    |           | COMMENCE DR       | ILLING OPNS.                          | PLUG AND ABANDONMENT |  |  |  |
| PULL OR ALTER CASING                                                                                                                                                                             | MULTIPLE<br>COMPLETION                          |           | CASING TEST A     | .ND                                   |                      |  |  |  |
| OTHER:                                                                                                                                                                                           |                                                 | П         | 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.  All remedial work to be accomplished at a later date. |                                                 |           |                   |                                       |                      |  |  |  |
| HII L.C                                                                                                                                                                                          |                                                 |           |                   |                                       | to bottom of         |  |  |  |
| Well shut in as low                                                                                                                                                                              | volume - high pro                               | essure    | producer. W       | illi plug back                        | 1/ m1/c n20F         |  |  |  |
| surface pipe. Will d                                                                                                                                                                             |                                                 |           |                   | in SESE Sectio                        | n 14-1145-R20E.      |  |  |  |
| Will horizontal comp                                                                                                                                                                             | lete in Sams Ran                                | ch Gray   | burg.             | يا بدار التراجع والمستعمل             |                      |  |  |  |
|                                                                                                                                                                                                  |                                                 |           |                   | ું 14 15 ોઇ                           | D <sub>AN</sub>      |  |  |  |
|                                                                                                                                                                                                  |                                                 |           |                   | Ą                                     |                      |  |  |  |
|                                                                                                                                                                                                  |                                                 |           |                   |                                       |                      |  |  |  |
|                                                                                                                                                                                                  |                                                 |           |                   |                                       |                      |  |  |  |
|                                                                                                                                                                                                  |                                                 |           |                   |                                       |                      |  |  |  |
|                                                                                                                                                                                                  |                                                 |           |                   |                                       |                      |  |  |  |
|                                                                                                                                                                                                  |                                                 |           |                   | 1 11-1:-6                             |                      |  |  |  |
| I hereby certify that the information                                                                                                                                                            |                                                 |           | best of my knowle | age and beller.                       |                      |  |  |  |
| SIGNATURE Herman                                                                                                                                                                                 | J. Walles                                       | TITLE_    | Operator          | · · · · · · · · · · · · · · · · · · · | DATE_10/01/01        |  |  |  |
| ,                                                                                                                                                                                                | n V. Wallis                                     |           |                   | Tele                                  | phone No830 257-7532 |  |  |  |
| (This space for State use)                                                                                                                                                                       | BUT                                             |           |                   |                                       |                      |  |  |  |
| APPPROVED BY On the Conditions of approval, if any:                                                                                                                                              | e 6                                             | _TITLE    |                   |                                       | DATE                 |  |  |  |