Energy, Minerals and Natural Resources Deprement Revised 1-1-8 to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT P.O. Box 1980, Hobbs, NM 88240 2040 Pacheco St. 5-1 Santa Fe. NM 87505 DISTRICT II Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FE DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Graves Type of Well: X WELL Name of Operator 8. Well No. Willow Pipeline Company 1 Address of Operator 9. Pool name or Wildcat P.O. Box 131 Weatherford, Oklahoma 73096 4. Well Location 1980 1650 Feet From The NCX th Unit Letter F Line and Chavez Section Township Range 28E **NMPM** 10. Elevation (Show whether DF. RKB. RT. GR. etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING CHANGE PLANS** TEMPORARILY ABANDON COMMENCE DRILLING OPNS. **PLUG AND ABANDONME PULL OR ALTER CASING** 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. Between March 1, 1996 and September 30, 1997 the following remedial work was performed on the above named well: 1. Rods and tubing were pulled and laid down. 2. Fluid level was checked by using mechanical bailer. 3. Total Depth of well bore was checked by tagging bottom with Bailer. 4. Well bore was cleaned out to bottom of perforations by sand pump. Well bore was bailed to check fluid fill level and oil cut. Rods and tubing run in, well spaced out, waiting for new tanks to produce. true and complete to the best of my knowledge and belief. I hereby certify that the information 9-18-98 President DATE TYPEOR PRINT NAME Gary Millspaugh

TELEPHONE NO.

District Supervisor

(This space for State Use)

APTROVED BY