Submit 3 Copies to Appropriate District Office

State of New Mexico Energy,

. s and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO. 30-005-60624

| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | | | |
|---|--|--------------------------------|---|
| | Santa Fe, New Mexico | 67304-2066 | 5. Indicate Type of Lease |
| DISTRICT III | | | STATE FEE X |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | | | 6. State Oil & Gas Lease No. |
| (DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVE | ES AND REPORTS ON WEL OSALS TO DRILL OR TO DEEPEN OIR. USE "APPLICATION FOR PE D1) FOR SUCH PROPOSALS.) | OR PLUG BACK TO A | 7. Lease Name or Unit Agreement Name |
| 1. Type of Well: | 7,7,10,1000,11,110,100,120,7 | / | - |
| OIL GAS WELL X WELL | OTHER | , / | SIDNEY |
| 2. Name of Operator | | | 8. Well No. |
| C.E. LARUE AND B.N | . MUNCY, JR. | | 1 |
| 3. Address of Operator | SIA, NM 88211-1370 | | 9. Pool name or Wildcat WILDCAT (SAN ADRES) |
| 4. Well Location | SIA, NH GOZII-I370 | | (2:2: (|
| Unit Letter N: 330 | Feet From The SOUTH | Line and 2 | 310 Feet From The WEST Line |
| Section 24 | Township 8S R | ange 28E | NMPM CHAVES County |
| | 10. Elevation (Show whether | DF, RKB, RT, GR, etc.) | |
| | //// | Notice T | Value of Other Date |
| • | ppropriate Box to Indicate | | • |
| NOTICE OF INTE | ENTION TO: | SUE | SSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLIN | G OPNS. \square PLUG AND ABANDONMENT \square |
| PULL OR ALTER CASING | | CASING TEST AND C | EMENT JOB |
| OTHER: | | OTHER: | |
| 12. Describe Proposed or Completed Operation work) SEE RULE 1103. | ons (Clearly state all pertinent details, c | and give pertinent dates, incl | uding estimated date of starting any proposed |
| work) SEE ROLE 1103. | | | |
| | X PORTLAND CEMENT PLUC | | |
| | PORTLAND CEMENT PLUG. | . CIRCULATED CE | |
| | | COVER ONE LOCKET | |
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| I hereby certify that the information above is true | | MOVED OFF LOCATI | RECEIVED Past I RECEIVED Past I IMAR 2 8 1995 DIL CON. DIV. DIST. 2 |
| | and complete to the best of my knowledge an | MOVED OFF LOCATI | RECEIVED PATT HAR 2 8 1995 DIL CON. DIV. |
| I hereby certify that the information above is true | and complete to the best of my knowledge an | MOVED OFF LOCATI | ON. RECEIVED Part I 1-7- 1.1AR 2 8 1995 DIL CON. DIV. DIST. 2 |
| I hereby certify that the information above is true | and complete to the best of my knowledge at | MOVED OFF LOCATI | ON. RECEIVED Part 7 1.1AR 2 8 1995 DIL CON. DIV. DIST. 2 DATE 3-27-95 TELEPHONE NO. |
| I hereby certify that the information above is true SIGNATURE TYPE OR PRINT NAME (This space for State Use) | and complete to the best of my knowledge at | MOVED OFF LOCATI | ON. RECEIVED Part 7 1.1AR 2 8 1995 DIL CON. DIV. DIST. 2 |