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OIL CONSERVATION DIVISION  
P. O. BOX 20000  
SANTA FE, NEW MEXICO 87501  
NOV 24 1980

Form C-103  
Revised 10-1-78

|                                |             |            |
|--------------------------------|-------------|------------|
| 1. Lease No. / Well Name       | 2. Date [X] | 3. Fee [ ] |
| L-6898                         |             |            |
| 4. Unit Agreement Name         |             |            |
| 5. Name of Lease Holder        |             |            |
| West Newmill Com               |             |            |
| 6. Well No.                    |             |            |
| 1                              |             |            |
| 7. Field and Pool, or Well No. |             |            |
| Wildcat                        |             |            |
| 8. County                      |             |            |
| Chaves                         |             |            |

SUNDY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR RE-DRILL DATA TO A FUTURE DATE. USE THIS APPLICATION FOR PERMIT TO DRILL OR TO REOPEN OR RE-DRILL DATA TO A FUTURE DATE.

Oil Well ☐ Gas Well ☒ Other ☐

Name of Operator

Read & Stevens, Inc.

Address of Operator

P. O. Box 1518, Roswell, New Mexico 88201

Location of Well

Well Letter E 2130 North 760

West 29 4-S 26-E

3762.7' GR

Check Appropriate Box To Indicate Nature of Well, Report or Other Data

NOTICE OF INTENTION TO:

RE-OPENING REPORT ON:

RE-OPENING WORK ☐

PLUG AND ABANDON ☐

RE-OPENING ☐

ALTERING CASING ☐

RE-OPENING ABANDON ☐

CHANGING WELL NAME ☐

PLUG AND ABANDONMENT ☐

RE-OPENING CASING ☐

CHANGING PLANS ☐

CHANGING WELL NAME ☐

Other, Drilling contractor & BOP information ☒

For use in proposed or completed operations (Clearly state all pertinent details, and give precise date, including estimate, date of starting any proposed work) SEE RULE 1103.

This well will be drilled by Warton Drilling Company of Odessa, Texas.

BOP Program: 10" 900 Cameron SS Double with a 4 stage double Payne Closing Unit.

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

Signature of Operator

TITLE Authorized Agent

DATE 10-31-80

Signature of Supervisor

TITLE SUPERVISOR, DISTRICT 11

DATE NOV 05 1980

REMARKS OF APPROVAL, IF ANY: