Submit 3 Copies to Appropriate District Office

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

CISF

Form C-103
Revised 1-1-89

WELL API NO. 30-005-60803

5. Indicate Type of Lease STATE ☐ FEE ☒

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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: O'BRIEN Fee

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: HARLOW CORPORATION

8. Well No. 24-1

3. Address of Operator: 119 WEST 15th AMARILLO, TX 79101

9. Pool name or Wildcat: TWIN LAKES

4. Well Location
Unit Letter I : 2310 Feet From The South Line and 330 Feet From The East

Section 24 Township 8S Range 28 E NMPM CHAVES Cou

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	
TEMPORARILY ABANDON	☒	CHANGE PLANS	☐	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.

PERFORM CASING INTEGRITY TEST SOCAK TO BEGIN AFTER MAY 11, 1998.

Notify N.M.O.C.C. in sufficient time to witness 24hrs
pressure test/chart

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

SIGNATURE Gary Gilbreath TITLE AGENT DATE 4 28 98

TYPE OR PRINT NAME GARY GILBREATH TELEPHONE NO. 505 622 1111

(This space for State Use)
ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE 5-21-98

CONDITIONS OF APPROVAL, IF ANY:

Submit 3 Copies to Appropriate District Office

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

CISF

Form C-103
Revised 1-1-89

WELL API NO. 30-005-60803

5. Indicate Type of Lease STATE ☐ FEE ☒

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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: O'BRIEN Fee

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: HARLOW CORPORATION

8. Well No. 24-1

3. Address of Operator: 119 WEST 15th AMARILLO, TX 79101

9. Pool name or Wildcat: TWIN LAKES

4. Well Location
Unit Letter I : 2310 Feet From The South Line and 330 Feet From The East

Section 24 Township 8S Range 28 E NMPM CHAVES Co.

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	
TEMPORARILY ABANDON	☒	CHANGE PLANS	☐	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.

PERFORM CASING INTEGRITY TEST. WORK TO BEGIN AFTER MAY 11, 1998.

Notify N.M.O.C.C. in sufficient time to witness 24hrs
pressure test/chart

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

SIGNATURE Gary Schlessing TITLE AGENT DATE 4 28 98

TYPE OR PRINT NAME GARY SCHLESSINGER TELEPHONE NO. 550 722 1111

(This space for State Use)
ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE 5-21-98

CONDITIONS OF APPROVAL, IF ANY: