

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

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

WELL API NO.  
**30-005-60815**

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.)

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

2. Name of Operator  
**HARLOW CORPORATION**

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

4. Well Location  
Unit Letter **L** : **2310** Feet From The **South** Line and **330** Feet From The **West**  
Section **7** Township **8S** Range **29E** NMPM **CHAVEZ**

7. Lease Name or Unit Agreement Name  
**C'BRIEN LIGHTCAP**

8. Well No. **7-1**

9. Pool name or Wildcat

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 <input type="checkbox"/>          | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>              | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input checked="" type="checkbox"/> | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>    | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>           |   | CASING TEST AND CEMENT JOB <input type="checkbox"/> |   |
| OTHER: <input type="checkbox"/>                         |   | OTHER: <input type="checkbox"/>                     |   |

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  
*pressure test/chart*

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

SIGNATURE *Gary Millspaugh* TITLE AGENT DATE 4-28-98

TYPE OR PRINT NAME GARY MILLSPAUGH TELEPHONE NO.

(This space for State Use)

ORIGINAL OBTAINED BY TIM W. GUM  
DISTRICT II SUPERVISOR

APPROVED BY                      TITLE                      DATE 5-21-98

CONDITIONS OF APPROVAL, IF ANY: