| Submit 3 copies<br>to Appropriate<br>District Office<br>DISTRICT I<br>State of New M<br>Energy, Minerals and Natural R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           | Form C-103<br>Revised 1-1-89 |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5                         | WELLAPINO 30-005-62252       |  |  |  |  |  |
| P.O. Box 1980, Hobbs NM 88240 / C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                              |  |  |  |  |  |
| DISTRICT II OIL CONSERVATIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5. Indicate Type of Lease |                              |  |  |  |  |  |
| P.O. Drawer DD, Artesia NM 88210 P.O. Box 2088                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | State X FEE                  |  |  |  |  |  |
| DISTRICT III Santa Fe, New Mexico 87504-2088 CIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | 6. State Oil & Gas Lease No. |  |  |  |  |  |
| 1000 Rio Brazos Rd., Aztec NM 87410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | S MACSIA                  | v-1361                       |  |  |  |  |  |
| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                              |  |  |  |  |  |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"<br>7. Lease Name or Unit Agreement Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                              |  |  |  |  |  |
| (FORM C-101) FOR SUCH PROPOSALS.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                              |  |  |  |  |  |
| 1. Type of Well:<br>OIL GAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                              |  |  |  |  |  |
| OIL GAS<br>WELL X WELL OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4                         | LATHAM STATE                 |  |  |  |  |  |
| 2. Name of Operator 8. Well No. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                              |  |  |  |  |  |
| 3. Address of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           | 9. Pool Name or Wildcat      |  |  |  |  |  |
| 105 South 4th., Artesia, NM 882                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10 77                     | BROWN GRAYBURG QUEEN         |  |  |  |  |  |
| 4. Well Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                              |  |  |  |  |  |
| Unit Letter P 990 Feet From The SOUTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Line and 990 Fe           | et From The EAST Line        |  |  |  |  |  |
| Section 25 Township 10S Range 26E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NMPM                      | CHAVES COUNTY                |  |  |  |  |  |
| 10. Elevation       (Show whether DF, RKB, RT, GR, etc.)         3694' GR         11.       Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                              |  |  |  |  |  |
| NOTICE OF INTENTION TO:<br>PERFORM REMEDIAL WORK PLUG AND ABANDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | REPORT OF:                |                              |  |  |  |  |  |
| an strange in the str |                           |                              |  |  |  |  |  |
| TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | COMMENCE DRILLING OPNS.   |                              |  |  |  |  |  |
| OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OTHER                     |                              |  |  |  |  |  |

12. Describe Proposed or Completed Operations (Clearly state all pertient details, and give pertinenet dates, including estimated date of starting any proposed work) SEE RULE 1103.

3-21-02 - MIRU PU; NU BOP. TOH w/ tubing & packer - packer was not set. TIH w/ tubing, tagged @ 735'. Circ hole. Started circulating out 8-5/8" casing. TOH & TIH w/ packer - se t@ 560'. Tested 4-1/2" casing to 500 psi for 5 min, held OK. Called Van Burton w/ OCD to see if we can circ cement to surface - he said that would work. TOH laying tubing down.

3-22-02 - RU DS on 4-1/2" casing; broke circulation up 8-5/8" casing. Pumped 250 sx "C" Neat cement. Did not get cement to surface; had good returns. Displaced cement to 500'. Shut down. Prep to TIH w/ tubing & tag cement. 3-24-02 - TIH w/ tubing & tag cement @ 330'. TOH & RU wireline. TIH w/ 3-3/8" casing gun - perf @ 310'. TOH & lay down tubing. RU DS on casing; circ cement down 4-1/2" & up 8-5/8". Shut well in. RD DS. RD pulling unit. Installed regulation dry hoe marker - PLUGGED & ABANDONED.

| No X |                                                                                  | Â, -                                 |                      |        |                             |
|------|----------------------------------------------------------------------------------|--------------------------------------|----------------------|--------|-----------------------------|
| 60   | I hereby certify that the information above a true and complete to the SIGNATURE | e bescol my knowledge and belle full | Operations Techician | DATE   | 2/27/02                     |
|      | TYPE OR PRINT NAME DONNINGLACK                                                   |                                      |                      | R 24 2 | 002 <sup>505-748-1471</sup> |
|      | APPROVED BY                                                                      | TITLE                                | DATE                 |        |                             |