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

C15F

Form C-103
Revised 1-1-89

WELL API NO. 30-005-62254

5. Indicate Type of Lease STATE ___ FEE X

6. State Oil & Gas Lease No. 019197

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: Mona

1. Type of Well: OIL WELL X GAS WELL ___ OTHER

2. Name of Operator: Melvin or Kathleen Turnbow

8. Well No. 2

3. Address of Operator: 1724 West 18th Street Portales, NM 88130

9. Pool name or Wildcat: Race Track San Andres

4. Well Location
Unit Letter C : 330 Feet From The North Line and 2310 Feet From The West Line
Section 7 Township 10 S Range 28 E NMPM Chaves County

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	X	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
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.

1. Re-enter hole and clean out to bottom
2. run tubing, rods, pump
3. set pumping unit and surface pumping equipment

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

SIGNATURE Kathleen Turnbow TITLE owner DATE 6/16/98

TYPE OR PRINT NAME Kathleen Turnbow TELEPHONE NO. 505-356-3155

(This space for State Use)

APPROVED BY Jim W. Gum BBA TITLE District Supervisor DATE 6-19-98

CONDITIONS OF APPROVAL, IF ANY: