

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

CISF
[Signature]

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

WELL API NO. 30-005-63249

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
25900

(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
Willow Spring "28" State

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. 1

2. Name of Operator
Reliance Energy, Inc.

9. Pool name or Wildcat
Pecos Slope Abo

3. Address of Operator
P.O. Box 10946, Midland, Texas 79702

RECEIVED
OCD - ARTESIA

4. Well Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line
Section 28 Township 4S Range 25E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3817 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING
OTHER:
SUBSEQUENT REPORT OF:
REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
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.

03-04-01 Ran 45 jts 8-5/8", 24#, K-55, ST&C csg to 1943' w/IF @ 1900'.
Cmt csg w/400 sxs Poz "C" w/6% gel and 100 sxs Class "C" w/2% CaCl. Ci 30 sxs to pit. WOC 18 hrs.

03-06-01 Ran logs.

03-07-01 TD 4022'.
Ran 96jts 5-1/2" 15.5#, J-55, LT&C Csg to 4018' w/FC @ 3975'.
Cmt w/ 200 sxs 35/65 Poz "C" w/6% gel and 300 sxs 50/50 Poz "C" 2% gel and 5% salt. WOC.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Peggy Abernathy TITLE Agent DATE 3-8-01
TYPE OR PRINT NAME Peggy Abernathy TELEPHONE NO. (915) 683-4816

(This space for State Use)
SUPERVISOR, DISTRICT II
APPROVED BY _____ TITLE _____ DATE 3-12-01
CONDITIONS OF APPROVAL, IF ANY: