

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Er, Minerals and Natural Resources Department

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

cist

WELL API NO.
30-005-63263

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
26232

7. Lease Name or Unit Agreement Name
Willow Spring "27" State

8. Well No.
1

9. Pool name or Wildcat

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
Reliance Energy, Inc. ✓

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

4. Well Location
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line
Section 27 Township 4S Range 25E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3797' GR

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 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 checked="" 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.

06-07-01 Perfed Abo Sd 3778-88' 2 SPF (20 holes).
Acidized w/1500 gals 7-1/2% HCL in methanol.



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 6-11-01
TYPE OR PRINT NAME Peggy Abernathy TELEPHONE NO. (915) 683-4816

(This space for State Use)

APPROVED BY [Signature] ORIGINAL SIGNED BY **TIM W. GUM** DISTRICT II SUPERVISOR TITLE _____ DATE **JUN 19 2001**

CONDITIONS OF APPROVAL, IF ANY: _____