

Submit 3 Copies
To Appropriate
District Office
DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

DISTRICT II
811 South First, Artesia NM 88210

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

WELL API NO.

30-015-00671

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

1579

7. Lease Name or Unit Agreement Name:

RAMAPO

8. Well No.

3

9. Pool name or Wildcat

Empire-Yates 7 rivers

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

Rojo Grande LLC.

3. Address of Operator

P.O. Box 248 Artesia N.M. 88210

4. Well Location

Unit letter J : 330 feet from the North line and 2310 feet from the E line

Section 36 Township 17S Range 27E NMPM EDDY County

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

3620 DF

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 ☐

MULTIPLE
COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND
ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

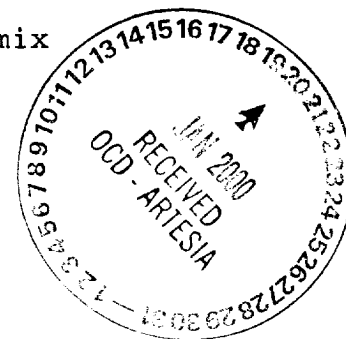
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1.Total depth of **555'**

2.Fluid level at **560'**

3.Fill casing to surface with class C ready mix

4.Install dry hole marker



** Notify NM OGD to witness Plugging Operations.*

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

SIGNATURE

Rob Matthews

TITLE

Partner

DATE

1-21-00

Type or print name

Rob Matthews Partner

505-746-9037

Telephone No.

(This space for State use)

APPROVED BY

Miss [Signature]

TITLE

Field Rep. II

DATE

1/21/2000

Conditions of approval, if any: