

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

DISTRICT II
811 South First, 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 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO. 30-015-00682

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.
4 \$

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 N : 1650 feet from the West line and 990 feet from the South 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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Fluid level at 528'
2. Total depth at 530'
3. Fill casing to surface with class C ready mix.
4. Install dry hole marker.

T. Perf. 527'



*Notified NMACD 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 Telephone No. 505-746-9031

APPROVED BY Steve Stillfield TITLE Field Rep II DATE 1/21/2000
Conditions of approval, if any: