CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| DISTRICT I P.O. Box 1980, Hobbs, NM 88240 | OIL CONSE | WELL API NO. | | | | | |
|---|-----------------------------------|-------------------|------------------|--------------|--|---------------|--------------|
| DISTRICT II Santa Fe, NM 87505 | | | | | 30-015-00682 | | |
| P.O. Drawer DD, Artesia, NM 88210 | | | | | sindicate Type of Lea | STATE X | FEE |
| DISTRICT III. 1000 Rio Brazos Rd., Aztec, NM 87410 | | | | | ₅State Oil & Gas Lease No. 1127412 | | |
| 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" | | | | | 7Lease Name or Unit Agreement Name | | |
| | C-101) FOR SUCH PROP | | | | RAMAPO STAT | E | |
| Type of Well: OIL GAS WELL WELL | OTHE | R | | | | | |
| ₂Name of Operator ROJO GRANDE LLC | | · | | | ₅Well No. 4 | | |
| 3Address of Operator P.O. BOX 248, ARTESIA, NM 88210 | | | | | Pool name or Wildcat EMPIRE YATES SEVEN RIVERS | | |
| 4Well Location Unit Letter N : 990 | Feet From The | SOUTH | Line and | 1650 | Feet From The | WEST | Line |
| Section 36 | Township | 17S R | ange | 27E | NMPM | EDDY | County |
| | | ow whether DF, F | | C.) | | | |
| 11 Check | Appropriate Box to I | ndicate Na | ture of Not | tice, Re | port, or Other [| Data | |
| | NTENTION TO: | | | • | SEQUENT RE | | • |
| | PLUG AND ABAND | ON T | | | | | |
| PERFORM REMEDIAL WORK | FEOG AND ADAIND | | REMEDIAL W | | | ALTERING CA | |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE I | ORILLING O | PNS. | PLUG AND ANI | BANDONMENT X |
| PULL OR ALTER CASING | | | CASING TEST | AND CEME | ENT JOB | | |
| OTHER: | | | OTHER: | - | | | |
| 12Describe Proposed or Completed Operatorsk) SEE RULE 1103. | ions (Clearly state all pertinent | details, and give | pertinent dates, | including es | timated date of starting | any proposed | |
| 1/24/00 WELL WAS 510' DEEP HOLE MARKER | , NO PIPE IN HOLE, NO | FLUID IN HO | DLE, FILLED | TO SURI | FACE W/READY N | MIX, INSTALLE | FOST 3-4- |
| | | | | - | . † | | 1417 |
| | | | | 2 (1) (2) | RECEIVED OCD - ARTESIA ? ********************************** | <u>`</u> _^}/ | |
| I hereby partiful that the information about | is true and complete to the he | st of my knowled | ge and helief | | - 24 GE FLOF 2 | <u></u> | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE COCLUMN TITLE AGENT | | | | | DATE 01-25-00 | | |
| TYPE OR PRINT NAME ROBIN COCKRUM | | | | | TELEPHONE NO. 746-9037 | | |
| (This space for State Use) | | | | | | | |
| APPROVED BY TO: 40 (SCIPPL) | 0.0 | тіт | LE FIELD RO | 。耳 | | DATE 1/2 | 1/2005 |