

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
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87504

State of New Mexico
 Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87504

Form C-103

Revised March 25, 1999

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.)		WELL API NO. 30-015-00683
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Water Injection Well		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Mc Quadrangle, L. L. C.		6. State Oil & Gas Lease No.
3. Address of Operator 7008 Salem Lubbock, TX 79424		7. Lease Name or Unit Agreement Name: South Red Lake Grayburg
4. Well Location Unit Letter <u>N</u> : <u>965</u> feet from the <u>South</u> line and <u>1650</u> feet from the <u>West</u> line Section <u>36</u> Township <u>17S</u> Range <u>27E</u> NMPM Eddy County		8. Well No. #28
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat Redlake Qn, GB, Sa

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 ☐ 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.
 WELL PASSED M I T. REPAIRED IN LINE. RETURNED WELL TO INJECTION.

No MIT Required

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

SIGNATURE Horace DeLong TITLE Production Sup DATE 7-15-00

Type or print name Horace DeLong (505) 677-2334 Telephone No.

APPROVED BY [Signature] TITLE Field Rep DATE 3/23/01

Conditions of approval, if any:

RECEIVED
 000 ARTESIA