

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy Minerals and Natural Resources Department

Form C-103
Revised 1-1-39

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2083
Santa Fe, New Mexico 87504-2083

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO.
30 015 01221

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-752

7. Lease Name or Unit Agreement Name
SRLGU

8. Well No.
28-23

9. Pool name or Wildcat
Redlake Q-GB-SA

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
McQuadrangle LLC

3. Address of Operator
7008 Salem Ave. Lubbock, TX 79424

4. Well Location
Unit Letter J : 2300 Feet From The S Line and 2300 Feet From The E Line
Section 36 Township 17S Range 27E NMPM Eddy County

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

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 ☐
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.

As directed by Van Barton via phone conversation on 8/12/2002:

McQuadrangle set surface plug w/ 5 sxs per yard rathole mix concrete from 160' to surface. Dry hole marker set on 8/13/02. The above was witnessed by Mike Bratcher of the Artesia office of the OCD.

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

SIGNATURE *Ronald W. Becker, Jr.* TITLE *Agent* DATE *8-28-02*

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY *[Signature]* TITLE

OCT 22 2002
DATE

CONDITIONS OF APPROVAL IF ANY: