

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.  
50-015-23466

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
L-4853

7. Lease Name or Unit Agreement Name:  
  
State

8. Well No.  
1

9. Pool name or Wildcat  
Wildcat

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

**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  
RPM Energy Inc

3. Address of Operator  
613 Commercial Bank Tower, Midland TX 79701

4. Well Location  
Unit letter I : 2310 feet from the South line and 660 feet from the East line  
Section 16 Township 16S Range 26E NMPM Eddy County

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.

4/16/99

Ran 2 3/8" Tubing to 1550, Spotted 40 Sx cement. W.O.C.  
RIH with tubing tagged TOC at 781'  
Set tubing at 781'. Circulated cement to surface using 80 Sx cement.  
Erected dry hole marker and cleared location.

Post 2-11-00  
P+R

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

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 2-4-2000

Type or print name \_\_\_\_\_ Telephone No. \_\_\_\_\_

(This space for State use)

APPROVED BY ms TITLE \_\_\_\_\_ DATE 2-4-2000

Conditions of approval, if any: