C15F

Submit 3 Copies to Appropriate District Office

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

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

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-30937

5 Indicate Type of Lease: STATE X FEE

6 State Oil & Gas Lease No.

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.)

7 Lease Name or Unit Agreement Name: RAMAPO

1 Type of Well: OIL WELL X GAS WELL OTHER

2 Name of Operator: ROJO GRANDE, LLC

8 Well No.: 5

3 Address of Operator: P.O. BOX 248, ARTESIA, NM 88210

9 Pool name or Wildcat: EMPIRE YESO SEVEN RIVERS

4 Well Location

Unit Letter K : 1650 Feet From The SOUTH Line and 1704 Feet From The WEST Line

Section 36 Township 17S Range 27E NMPM EDDY County

10 Elevation (*Show whether DF, RKB, RT, GR, etc.*): 3600' GR

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ANBANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: SPUD, TD, CMT CSG	X		

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.

SPUD WELL @ 9:00 A.M. 1/15/00. DRLD 5 1/2" HOLE TO 562', RAN 5 1/2" 17# CSG TO 495', CMTD W/ 65 SX, PLUG DOWN @ 6:30 P.M. 5/13/00, CIRC TO SURF. WOC 18 HRS, TSTD CSG TO 600# FOR 30 MINUTES - HELD OK.

DEC 2000
RECEIVED
OCD - ARTESIA

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

SIGNATURE Robin Cockrum TITLE AGENT DATE 06-01-00

TYPE OR PRINT NAME ROBIN COCKRUM TELEPHONE NO. 746-9037

(This space for State Use)

APPROVED BY Mikal Stallfield TITLE Field Rep II DATE 12/11/2000

CONDITIONS OF APPROVAL, IF ANY: