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 <u>I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA	St.	WELL API NO. 30-015-30937		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM	0 87303	₅Indicate Type of Leas	STATE FEE	
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410			₅State Oil & Gas Leas	e No.	
SUNDRY NO (DO NOT USE THIS FORM FOR PF DIFFERENT RESE (FORM	rLease Name or Unit Agreement Name				
Type of Well: OIL GAS WELL WELL	OTHER				
₂Name of Operator ROJO GRANDE, LLC			₃Well No. 5		
₃Address of Operator P.O. BOX 248, ARTESIA, NM 88210			Pool name or Wildcat EMPIRE YESO SEVEN RIVERS		
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 whethe 3600' GR	er DF, RKB, RT, GR, etc.)			
11 Check A	port, or Other D SEQUENT RE				
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 CEM	ENT JOB		
OTHER:		OTHER: SI STATUS		X	
12Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertinent details, a	nd give pertinent dates, including e	stimated date of starting	any proposed	
WE HAVE SI THIS WELL FOR FURTHER EVALUATION. PLAN TO RE-ENTER WITHIN 6 MONTHS.					
* If 6 month si	period is exceede	d .		N3 W 70772	
Proceed with T	A or PAA Operation	n S		1314	

I hereby certify that the information above is true and complete to the best of my known and the supplementary of the best of my known and the bes	nowledge and belief. TITLE AGENT	DATE 09-04-00
TYPE OR PRINT NAME ROBIN COCKRUM		TELEPHONE NO. 746-9037
(This space for State Use)		

CONDITIONS OF APPROVAL, IF ANY:

on well,

TITLE FIELD Rep. I DATE 12/11/2000