

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Department of Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
30-015-30937

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:
RAMAPO

8. Well No. 5

9. Pool name or Wildcat
EMPIRE YESO SEVEN RIVERS

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

ROJO GRANDE, LLC

3. Address of Operator

P.O. BOX 248, ARTESIA, NM 88210

4. Well Location

Unit Letter K: 1650 feet from the S line and 1704 feet from the W line

Section 36 Township 17S Range 27E NMPM EDDY County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3600' GR

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.

12/21/01

P & A WELL AS FOLLOWS:

FILL CSG TO SURFACE W/ 64 cuft CLASS C READY MIX. INSTALL DRY HOLE MARKER. CLEAN LOCATION.

WITNESSED BY PHIL HAWKINS W/ 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 12/31/01

Type or print name ROBIN COCKRUM

Telephone No 746-9037

This space for State use)

APPROVED BY [Signature] TITLE Field Rep DATE 1-10-02

Conditions of approval, if any: