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

| 5/    | Form C-103<br>Revised 1-1-8 |
|-------|-----------------------------|
| · · · |                             |

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

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

NO

| P.O. Box 1980, Hobbs, NM 88240   | )                         |                              | 2040 Pach<br>Santa Fe,    |                   | 7505                             | ,   | WELL API NO.                     |                                       |            |
|--|---------------------------|------------------------------|---------------------------|-------------------|----------------------------------|---|----------------------------------|---------------------------------------|------------|
| DISTRICT II<br>P.O. Drawer DD, Artesia, NM 882   | 10                        |                              | Junia i U,                | 14141 01          | , 556                            |   | ₅Indicate Type of L              |                                       |            |
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 8   | 37410                     |                              |                           |                   |                                  |   | ₅State Oil & Gas Le              | STATE X                               | FEE        |
| 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.) |                           |                              |                           |                   |                                  | → Lease Name or Unit Agreement Name  RAMAPO |                                  |                                       |            |
| Type of Well: OIL G/ WELL X W  | 4S<br>ELL                 |                              | OTHER                     |                   |                                  |   | PONVIAL O                        |                                       |            |
| ₂Name of Operator<br>ROJO GRANDE LLC   |                           |                              |                           |                   | -                                |   | ₃Well No.<br>1Y                  | · · · · · · · · · · · · · · · · · · · |            |
| <sup>3</sup> Address of Operator<br>P.O. BOX 248, ARTESIA  | , NM 8821                 | 0                            |                           |                   |                                  |   | ∍Pool name or Wild<br>EMPIRE YAT |                                       |            |
| ₄Well Location<br>Unit Letter K :  | 1687 F                    | eet From The _               | SOUT                      | ГН                | Line and2                        | 2367  | Feet From The                    | WEST                                  | Line       |
| Section  | 36                        | Township                     | 173                       | S F               | Range 2                          | 27E   | NMPM                             | EDDY                                  | County     |
|  |                           | ₁₀Eleva<br>3615              | •                         | ether DF, I       | RKB, RT, GR, etc.)               |   |                                  |                                       |            |
| 11 CI  | neck App                  | ropriate Bo                  | ox to Indic               | ate Na            | ture of Notice                   | e, Rep                                      | ort, or Other                    | Data                                  |            |
| NOTICE   | OF INT                    | ENTION T                     | <b>O</b> :                |                   | S                                | SUBS  | EQUENT R                         | EPORT OF                              | •          |
| PERFORM REMEDIAL WORK  | _                         | PLUG AND                     | ABANDON                   |                   | REMEDIAL WORK                    |   |                                  | ALTERING CA                           | SING       |
| TEMPORARILY ABANDON  |                           | CHANGE F                     | PLANS                     |                   | COMMENCE DRILI                   | LING OF                                     | PNS.                             | PLUG AND ANI                          | BANDONMENT |
| PULL OR ALTER CASING   |                           |                              |                           |                   | CASING TEST AND                  | D CEME                                      | NT JOB                           |                                       |            |
| OTHER:   |                           |                              |                           |                   | OTHER: SPUD,                     | CMT   | CSG                              |                                       | X          |
| 12Describe Proposed or Complete work) SEE RULE 1103.   | 1 Operations (            | Clearly state all p          | pertinent details         | , and give        | pertinent dates, inclu           | ıding est                                   | imated date of startir           | ng any proposed                       |            |
| SPUD WELL @ 8:00 A.M.<br>DOWN @ 4:00 P.M. 9/24/9   | 9/12/99. D<br>99, CIRC 2: | DRLD 7 5/8" F<br>5 SX TO SUF | HOLE TO 524<br>RF. WOC 18 | 4', RAN<br>HRS, T | 5 1/2" 14# CSG<br>ISTD CSG TO 60 | TO 52:<br>00# FC                            | 3.5', CMTD W/12<br>PR 20 MINUTES | 20 SX CLASS C<br>- HELD OK.           | ;, PLUG    |
|  |                           |                              |                           |                   |                                  | -   |                                  |                                       |            |
| I hereby certify that the information  | <i>(</i> )                | e and complete               |                           |                   |                                  |   |                                  |                                       |            |
| SIGNATURE GOOD TYPE OR PRINT NAME ROBIN (  | <u> </u>                  |                              | γ                         | TIT               | LE AGENT                         |   |                                  | TELEPHONE NO.                         | 746-9037   |
| (This space for State Use)   |                           | in W.                        | Gun                       | J                 | Distric                          | <del></del>                                 | pewisor                          | j                                     |            |
| APPROVED BY  |                           |                              |                           | -<br>TIT          | •                                |   | •                                | DATE                                  | 7-12-99    |