

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  
Energy, Minerals and Natural Resources

Form C-103  
Revised March 25, 1999

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

WELL API NO.  
30-015-31592

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:  
RAMAPO

8. Well No. 7

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 N : 330 feet from the S line and 2310 feet from the W line

Section 36 Township 17S Range 27E NMPM EDDY County

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

3633' 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 recompilation.

12/21/01

P & A WELL AS FOLLOWS:

FILL CSG TO SURFACE W/ 80 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 ID DATE 1-10-02

Conditions of approval, if any: