

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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.)		WELL API NO. 30-015-02858
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CEM OIL COMPANY		6. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 1176 ARTESIA, NM 88211-1176		7. Lease Name or Unit Agreement Name: ATLANTIC STATE
4. Well Location Unit Letter J : 2310 feet from the SOUTH line and 1650 feet from the EAST line Section 2 Township 17S Range 29E NMPM County Eddy		8. Well No. 1
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3652 GL		9. Pool name or Wildcat SQUARE LAKE GRAB SA

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

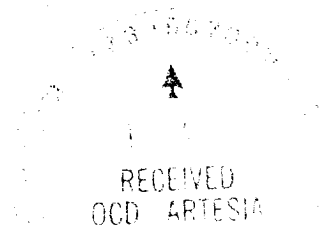
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

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.

1-2001

Chaged rods and tubing



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

SIGNATURE Louis Fulton TITLE OWNER DATE 1-28-2001

Type or print name Louis Fulton Telephone No. 505 746-4787
(This space for State use)

APPROVED BY Mrs. Stillefeld TITLE Field Rep. IF DATE 2/5/2001
Conditions of approval, if any: