| NO. OF COPIES RECEIVED                             | <del>,</del>                       |  |                               |                 |  |          |
|--|------------------------------------|--|-------------------------------|-----------------|--|----------|
|  | !                                  | <b>♦</b> ₹ 17.                           |                               |                 | Form C-103                                 |          |
| DISTRIBUTION                                       |                                    |  |                               |                 | Supersedes Old                             |          |
|  | ,                                  | W MEXICO OIL CONS                        | EDVATION COMM                 | ISSION          | <i>C-102 and C-103</i><br>Effective 1-1-65 |          |
| SANTA FE /   | NE NE                              | M WEXICO OIL COMS                        | EK YA IBON COMMI              | 1331ON          | Effective 1-1-05                           |          |
| FILE /   | <del></del>                        |  |                               |                 | 5a. Indicate Type of Lease                 |          |
| U.S.G.S.   |                                    | <u>.</u>                                 | and the second second         |                 |  | K        |
| LAND OFFICE  |                                    | المناز الارجي                            | ಶವಿಸ್ಥ ಮುಕ್ಕಿಸಿಕಿಕ <u>ಸ</u>   |                 |  | <u> </u> |
| OPERATOR 3   |                                    | -  |                               |                 | 5. State Oil & Gas Lease No.               |          |
|  | ·                                  |  |                               | <del></del>     |  | $\pi$    |
| (DO NOT USE THIS FORM                              | SUNDRY NOTICES                     | AND REPORTS ON OR TO DEEPEN OR PLUG E    | WELLS<br>ACK TO A DIFFERENT R | ESERVOIR.       |  |          |
| 1.   |                                    | Water Injecti                            |                               |                 | 7. Unit Agreement Name                     |          |
| OIL GAS WELL WELL                                  | OTHER-                             |  |                               |                 |  |          |
| 2. Name of Operator Pepe &                         | Barrows /                          | ,  |                               |                 | 8. Form or Lease Name (Dayton Flood) Will  | 1 au     |
| 3. Address of Operator De                          | z 753, Artesi                      | a, New Mexico                            |                               |                 | 9. Well No.                                |          |
| 4. Location of Well                                | 1650                               | N N                                      | 91                            | 110             | 10. Field and Pool, or Wildcat             |          |
| UNIT LETTER  |                                    | FROM THE                                 |                               | FEET            | Dayton Grayburg                            | ~~~      |
| w  | 25                                 | 188                                      |                               | 26B             |  |          |
| THE LINE   |                                    | TOWNSHIP                                 |                               |                 | MPM. ()                                    |          |
|  |                                    |  |                               |                 |  | H).      |
|  | 15. 1                              | Elevation (Show whether 3285 GR          | DF, RT, GR, etc.)             |                 | 12. County                                 |          |
|  |                                    |  |                               |                 |  | 777      |
|  | heck Appropriate<br>OF INTENTION T | Box To Indicate No:                      | Nature of Notice<br>          |                 | r Other Data<br>JENT REPORT OF:            |          |
| _  |                                    |  |                               | ٠               | 1  | _        |
| PERFORM REMEDIAL WORK                              |                                    | PLUG AND ABANDON                         | REMEDIAL WORK                 | <u></u>         | ALTERING CASING                            | Ļ        |
| TEMPORARILY ABANDON                                |                                    |  | COMMENCE DRILLING             | G OPNS.         | PLUG AND ABANDONMEN                        | IT       |
| PULL OR ALTER CASING                               |                                    | CHANGE PLANS                             | CASING TEST AND CE            | EMENT JOB       |  |          |
| _  |                                    |  |                               |                 |  | -        |
|  |                                    |  | OTHER                         | Temper          | erily Absenden                             | _₹       |
| work) SEE RULE 1 103.                              |                                    |  | ails, and give pertine        | ent dates, incl | rarily Assended                            | pose     |
| 17. Describe Proposed or Compwork) SEE RULE 1703.  | ter injection                      | was discentiz                            | ails, and give pertine        | ent dates, incl |  | ppose    |
| 17. Describe Proposed or Compwork) SEE RULE 1703.  | ter injection                      | was discentized and complete to the best | ails, and give pertine        | ent dates, incl | ner operator                               | ppose    |
| 17. Describe Proposed or Comp work) SEE RULE 1703. | ter injection                      | was discentized abandoned                | ails, and give pertine        | ent dates, incl | luding estimated date of starting any pro  | ppose    |

CONDITIONS OF APPROVAL, IF ANY: