

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

1220 S. St. Francis Dr., Santa Fe, NM 87504

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87504

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. 30-015-00740
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Water Injection Well		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Mr. Quadrangle, L. L. C.		6. State Oil & Gas Lease No.
3. Address of Operator 7008 Salem Lubbock, TX 79424		7. Lease Name or Unit Agreement Name: South Red Lake Grayburg
4. Well Location Unit Letter <u>G</u> : <u>1650</u> feet from the <u>North</u> line and <u>2197</u> feet from the <u>East</u> line Section <u>2</u> Township <u>18S</u> Range <u>27E</u> NMPM Eddy County		8. Well No. #40
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat Redlake Qn, GB, 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 recompletion.

WELL NEEDS STRING OF TUBING AND NEW PACKER. INJECTION LINE REPAIRED.
 PROPOSE WORK TO BE DONE WITHIN ONE YEAR OF REPORT.

3-20-2002

RECEIVED
OCD ARTESIA

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

SIGNATURE Owalice DeLong TITLE Production DATE 3-20-2001

Type or print name Owalice DeLong (505) 677-2324 Telephone No.
 (This space for State use)

APPROVED BY Donna DeLong TITLE Field Rep DATE 3/23/01
 Conditions of approval, if any: