

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. <u>30-015-21565</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <u>L-6519</u>
7. Lease Name or Unit Agreement Name <u>Elk</u>
8. Well No. <u>1</u>
9. Pool name or Wildcat <u>N. Benson Queen - Gbg</u>

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator <u>Frostman Oil Corp</u>	3. Address of Operator <u>P O Box 1567, Hope, New Mexico 88250-2567</u>
4. Well Location Unit Letter <u>L</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>32</u> Township <u>18S</u> Range <u>30E</u> NMPM <u>Eddy</u> County		

10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3404 GR</u>
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>TA</u> <input type="checkbox"/>

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.

Cast Iron Bridge Plug Set @ 2496'

Well was tested, original chart is on file in the OCD office.

Approved by James C. Wright 3-2006

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

SIGNATURE James C. Wright TITLE Operations Manager DATE 02-23-01
TYPE OR PRINT NAME James C. Wright TELEPHONE NO. 915-524-2371

(This space for State Use)

APPROVED BY James C. Wright TITLE Field Rep 1 DATE 3-2-01
CONDITIONS OF APPROVAL, IF ANY:



