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Submit 3 Copies To Appropriate District State of New Mexica Form C-103 Office Energy, Minerals and Natural Resources District I Revised March 25, 1999 1625 N. French Dr., Hobbs, NM 88240 WELL API NO. District II 30-015-02301 OIL CONSERVATION TO STATE OF THE STATE OF TH 811 South First, Artesia, NM 88210 5. Indicate Type of Lease District III 1220 South St. Hancks Dis14 1000 Rio Brazos Rd., Aztec, NM 87410 STATE Z Santa Fe, NM 87505 District IV State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 87505 E-5703 SUNDRY NOTICES AND REPORTS ON WELLS 9 2 7. Lease Name or Unit Agreement Name: (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: Connie "C" State Oil Well 🗹 Gas Well Name of Operator Prairie Sun, Inc. 8. Well No. Address of Operator P.O. Box 8280 Roswell, NM 88202-8280 9. Pool name or Wildcat Outpost Delaware Well Location 1980 Η North 660 feet from the line and feet from the East 25 Section Township 19S Range 28E NMPM Eddy County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON [ REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** PULL OR ALTER CASING **MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: Return well to producing status 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. MIRU Workover rig. Change pump and replace bad joint of casing. Put well back on 2/9/01 producing 10 bbls oil Well was previously operated by Dorothy Boyce. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE \_DATE 3/20/01 Type or print name Telephone No. (505) 622-7355 (This space for State use) APPPROVED BY TITLE Conditions of approval, if any: