

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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Form C-103
Revised March 25, 1999

WELL API NO.
30-015-22295

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
LG-4425

7. Lease Name or Unit Agreement Name:

Parkway State Com

7. Well No.
1

8. Pool name or Wildcat
Turkey Track Morrow

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 ☐ Gas Well ☒ Other

2. Name of Operator
Gruy Petroleum Management Co. /

3. Address of Operator
315 W. Washington-Suite D, Artesia, NM 88210

4. Well Location
Unit Letter K : 1980 feet from the S line and 1980 feet from the W line
Section 15 Township 19S Range 29E NMPM County Eddy

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:

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.

As per your letter dated 9-28-01, showing a violation to rule 103, the well sign has been repaired and the location is cleaned up.



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

SIGNATURE Mike Braswell TITLE Production Superintendent DATE 12-03-01

Type or print name Mike Braswell Telephone No. 505-748-7346

(This space for State use) **Accepted for record - NMOCD**

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: