C15

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 87505

State of New Mexico
Energy, Minerals and Natural Resources

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

RECEIVED
OCD ARTESIA

Form C-103
Revised March 25, 1999

	WELL API NO. 30-015-25366
	Indicate Type of Lease STATE ☑ FEE ☐
	6. State Oil & Gas Lease No. E-5703
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.)	7. Lease Name or Unit Agreement Name: Connie "C" State
1. Type of Well: Oil Well ☑ Gas Well ☐ Other	
2. Name of Operator Prairie Sun, Inc.	8. Well No. 1
3. Address of Operator P.O. Box 8280 Roswell, NM 88202-8280	9. Pool name or Wildcat Outpost Delaware

4. Well Location

Unit Letter G : 1980 feet from the North line and 1980 feet from the East line

Section 25 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 COMPLETION ☐	CASING TEST AND 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 2/8/01 producing 10 bbls oil per day.
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 Gene Lee TITLE Agent DATE 3/20/01

Type or print name Gene Lee Telephone No. (505) 622-7355

(This space for State use)

APPPROVED BY TITLE Field Rep II DATE MAR 21 2002

Conditions of approval, if any: