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Appropriate
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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

cliff
DP

STRICT I
O. Box 1980, Hobbs, NM 88240
STRICT II
O. Drawer DD, Artesia, NM 88210
STRICT III
00 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO. 30-015-31055
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-10716-1
7. Lease Name or Unit Agreement Name Telescope 28 State Com
8. Well No. 1
9. Pool name or Wildcat Undes Winchester 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.)

Type of Well: OIL <input type="checkbox"/> Well <input type="checkbox"/> GAS <input checked="" type="checkbox"/> Well <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	Name of Operator ites Drilling Company	8. Well No. 1
Address of Operator 5 South 4 th Street, Artesia, NM 88210	Well Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line <u>1650</u> Feet From The <u>East</u> Line	9. Pool name or Wildcat Undes Winchester Morrow
Section 28	Township 19S	Range 28E
		NMPM
		Eddy County

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
WELL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>Perforate and Frac</u> <input checked="" type="checkbox"/>	

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.

See Attached.

RECEIVED
OCC
ARTESIA

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

SIGNATURE Karen J. Leishman TITLE Engineering Technician DATE 7-18-00
TYPE OR PRINT NAME Karen J. Leishman TELEPHONE NO. 505-748-4500

(This space for State Use)

APPROVED BY Jim W. Brown TITLE District Supervisor DATE JUL 24 2000
CONDITIONS OF APPROVAL, IF ANY: