

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

WELL API NO.  
30-015-31166

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:  
8910169240  
East Millman Pool Unit  
Tract 3

8. Well No.  
3

9. Pool name or Wildcat  
Millman ON-GB-SA, East

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  
Stephens & Johnson Operating Co.

3. Address of Operator  
P O Box 2249, Wichita Falls, Texas 76307-2249

4. Well Location  
Unit Letter I : 2337 feet from the South line and 412 feet from the East line  
Section 12 Township 19S Range 28E 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: See Below ☐

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.

Per the instructions of Carmen Reno, this form is being submitted to Amend the Unit Letter. The surveyor recorded this data incorrectly; therefore, we request that the Unit Letter be changed from "H" to "I".



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

SIGNATURE Devire D. Crabb TITLE Production Analyst DATE 9-26-00

Type or print name Devire D. Crabb Telephone No. (940) 723-2166  
(This space for State use)

APPROVED BY Record Only TITLE \_\_\_\_\_ DATE 9-28-00

Conditions of approval, if any