

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
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. **30-015-02695**

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:
MALAYA UNIT TRACT 12

8. Well No. **1**

9. Pool name or Wildcat

Unit Letter _____ feet from the _____ line and _____ feet from the _____ line

Section **7** Township **24S** Range **29E** NMPM County **Eddy**

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
2946 GR

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
WAS - CALA ALMA TARRISON NEW-SISTERS LLC

3. Address of Operator
2401 MARTIN LUTHER KING, CARLSBAD, N.M. - 88220

4. Well Location
SE/4 - NW/4

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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 type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

**Found electrical problem on Unit.
PLAN TO HAVE qualified electrician to repair
it soon as possible.
Approximate date of repair - 8-25-01**

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

SIGNATURE **Bill Rich** TITLE **Operator** DATE **8-3-01**
Type or print name **Bill Rich** Telephone No. **887-3128**
(This space for State use)

APPROVED BY **For Record Only** TITLE _____ DATE **AUG 20 2001**
Conditions of approval, if any:

Submit Change of Operator on C104