Submit 3 Copies To Appropriate District	State of New Mexico		exico	Form C-103
Office District I	Energy, Minerals and Natural Resources		ıral Resources	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240				WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210				30-015-21618 5. Indicate Type of Lease Federal
District III 1220 South St. Francis Dr.			STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			6. State Oil & Gas Lease No.	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			NM-0415688-A	
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit Agreement Name:
(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.)				Old Indian Draw Unit
1. Type of Well:				Old Malan Diaw oliv
Oil Well Gas Well Other Water injection well				8. Well No. 5
2. Name of Operator / Ricks Exploration, Inc				8. Well 140. 3
3. Address of Operator			9. Pool name or Wildcat	
210 Park Ave, STE 3000 Oklahoma City, OK 73102			Indian Draw Delaware	
4. Well Location				
Unit Letter G: 1980 feet from the North line and 1980 feet from the East line				
	Township	226	Danga 19E	NMPM Eddy County
Section 18	Township	22S	Range 28E	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3088' GL				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
	INTENTION TO:		SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK [REMEDIAL WOR	K ☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	ILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING [MULTIPLE COMPLETION		CASING TEST AN	_
	OOM ELTION			
OTHER:			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.				
Procedure				
1. DII numer trials. Load annulus and press test to 500#				
				AFILIS TO SOLUTION OCU AFILE NO COLUMN AFILE N
				7718.
				1 1 1 1 1 1 1 1 1 1
				Z Z Z
				(E) (SUNED) (3)
	1		1	12 RECEIPTE 3
x 1			" Let	/E 000 \
* Notify oco 124 hrs prior to pressure test				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Suy/	th	TITLE_	Engineer	DATE <u>11/13/01</u>
Type or print name Bryan Rother				Telephone No. 405/516/1100
(This space for State use)				
Frank June Complance Object 11-26-01				
APPPROVED BY TITLE CONTINUE DATE TO SEE TO S				
· · · · · · · · · · · · · · · · · · ·	/			