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Submit 3 Copies To Appropriate District State of New Mexico	form C-103
Office District I Energy, Minerals and Natural Resources	Revised March 25, 1999
District II	WELL APÍ NO 30-015-22452
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE S
District IV 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well:	Pardue Farms Gas Com
Oil Well Gas Well Other	8. Well No. 1
2. Name of Operator Ricks Exploration, Inc	8. Well No. 1
3. Address of Operator	9. Pool name or Wildcat
210 Park Ave, STE 3000 Oklahoma City, OK 73102	South Culebra Bluff Atoka
4. Well Location	
Unit Letter <u>G</u> : <u>1980</u> feet from the <u>North</u> line and	1980feet from theEastline
Section 26 Township 23S Range	28E NMPM Eddy County
10. Elevation (Show whether DR, RKB, RT, GR	
3012 GR	
11. Check Appropriate Box to Indicate Nature of Noti	UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL W	
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE	DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	
_	
OTHER: OTHER: OTHER:	ad give portinent dates, including estimated date of
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.	
1. RU PU. Kill well. ND wellhead. NU BOP. Release pkr. Reset pkr @ 11350. ND BOP. NU wellhead.	
2 RUslickline Class sliding sleeve Set CIBP with in 100 of tan Per	r f
3. Load csg w/ pkr fluid and press test pkr/csg to 500#. a/char +	0.115
·	3,44,016
	RECEIVED OCD ARTESIA
	RECEIVED
Notify OCD 24 hrs	s. prior to any work done
Notify Oct 24 ins	s. prior to any work done
	They want of
I hereby certify that the information above is true and complete to the best of my know	rledge and belief.
65. //-//	•
SIGNATURE TITLE Engineer	DATE_11/9/01_
Type or print name Bryan Rother	Telephone No. 405/516/1100
(This space for State use)	
APPPROVED BY TITLE	DATE //-/6-01
Conditions of approval, if any:	v