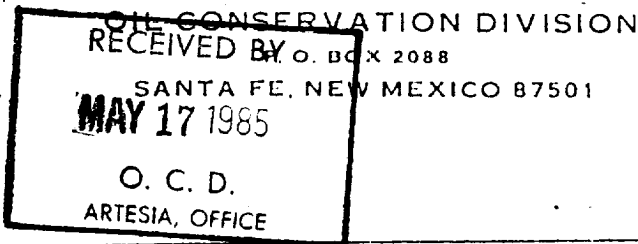


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ For ☒
5. State Oil & Gas Lease No.

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. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator Ray Westall
3. Address of Operator P.O. Box 4 Loco Hills, New Mexico 88255
4. Location of Well
UNIT LETTER E 660 FEET FROM THE West LINE AND 2200 FEET FROM
THE North LINE, SECTION 20 TOWNSHIP 23S RANGE 28E N.M.P.M.

7. Unit Agreement Name
8. Farm or Lease Name Belco
9. Well No. 1
10. Field and Pool, or Wildcat
S. LOVING - DEL
Culebra Bluff - BS

15. Elevation (Show whether DF, RT, GR, etc.)
3060 GL

12. County
Eddy

16. 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 type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER <u>Re-perf & acid treatment</u> <input type="checkbox"/>	

17. 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.

5-04-85 Perforated: 5218-5234, 5242-5254 4/ft (112 holes)

Treatment: Acidized with 2,000 gal. 15% SRA acid.

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

SIGNED Ray Westall TITLE Operator DATE 5-16-85

APPROVED BY ORIGINAL SIGNED BY LARRY BROOKS TITLE GEOLOGIST - NMOC DATE MAY 20 1985

CONDITIONS OF APPROVAL, IF ANY: