

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.

30-015-31249

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-5865

7. Lease Name or Unit Agreement Name:

Starling State

8. Well No.

9. Pool name or Wildcat

Carlsbad, South (Moran)

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

Discovery Operating, Inc.

3. Address of Operator

800 W. Maciewfeld, Ste 100 Midland, TX 79701

4. Well Location

Unit Letter I : 1830 feet from the South line and 660 feet from the East line

Section 20

Township 23-S

Range 27-E

NMPM Eddy County

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

3162'

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: ☐

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.

The well was spud at 1:00am on 10/25/01.



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

SIGNATURE

Steve Campbell

TITLE

Envz Assist

DATE

1/9/02

Type or print name

Steve Campbell

Telephone No.

915 653-5203

(This space for State use)

APPROVED BY

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

DATE

JAN 28 2002

Conditions of approval, if any: