

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

CHSF  
UP

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO. 30-015-32301
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name White Baby Com
8. Well No. 3
9. Pool name or Wildcat White City, Penn (Gas)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3359' 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 PERMITS"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator Gruy Petroleum Management Co.
3. Address of Operator P. O. Box 140907, Irving TX 75014-0907
4. Well Location: Unit Letter <u>I</u> : <u>1980'</u> Feet From The <u>South</u> Line and <u>660'</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>24S</u> Range <u>26E</u> NMPM <u>Eddy</u> County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" 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.

See Attached

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

SIGNATURE Zeno Farris TITLE Manager Operations Admin DATE 6-12-02

TYPE OR PRINT NAME Zeno Farris TELEPHONE NO. 972-401-3111

(This space for State Use)

**ORIGINAL SIGNED BY TIM W. GUM**  
**DISTRICT II SUPERVISOR**

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

DATE

**JUN 20 2002**