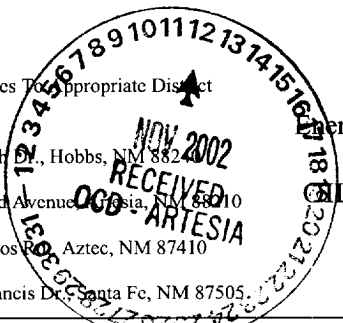


Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88201
District II
1301 W. Grand Avenue, Rosita, NM 88010
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505



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

clsf
Op

WELL API NO. 30-015-25821
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 637830
7. Lease Name or Unit Agreement Name: Salt Mountain 25 Federal

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 Wagner Oil Company

3. Address of Operator 3400 City Center Tower II, 301 Commerce
301 Commerce Fort Worth, TX 76102

4. Well Location
Unit Letter G : 1746 feet from the North line and 2121 feet from the East line
Section 25 Township 26S Range 29E NMPM County Eddy

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

11. 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"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input checked="" 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Mechanical Integrity test - Bradenhead Test - performed 08-27-02

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

SIGNATURE Sabrina Bonner TITLE Regulatory Analyst DATE 9/19/02

Type or print name Sabrina Bonner Telephone No. (871) 335-2222
(This space for State use)

APPROVED BY Accepted for record - NMOCD TITLE Gerry Guye DATE _____
Compliance Officer

Conditions of approval, if any:

