

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.

30-015-32416

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Todd "2" State

8. Well No.

#12

9. Pool name or Wildcat

Ingle Wells; Delaware

SUNDAY 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

Ricks Exploration, Inc.

3. Address of Operator

110 W. Louisiana, Ste 410 Midland, TX 79701

4. Well Location

Unit Letter K : 1980 feet from the South line and 1980 feet from the West line

Section 2 Township 24S Range 31E NMPM County Eddy

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

3481' GR

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: Set interm csg & cmt ☒

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.

10/31/02 Drilled 11" hole to 4445'. RU & ran 8-5/8", 32# J-55 ST&C casing & set @ 4445'. Cmt csg w/950 sxs 35/65 Poz C + additives. TW 200 sx CI "C" + additives. Circ 150 sxs to surface. WOC. NU BOP and test. Resume drlg.

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

SIGNATURE Kim Stewart TITLE Regulatory Analyst DATE 11/05/02

Type or print name

Kim Stewart

Telephone No. 915/ 683-7443

(This space for State use)

APPROVED BY Record only B4 TITLE  DATE NOV 12 2002

Conditions of approval, if any: