

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

Form C-103
Revised March 25, 1999

WELL API NO. 32414
30-015-3440

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. 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. 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

7. Lease Name or Unit Agreement Name:
Todd "2" State

8. Well No.
#12

9. Pool name or Wildcat
Ingle Wells; Delaware

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 prod 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.

11/09/02 Drilled 7-7/8" hole to 8375' (TD). RU & ran 194 jts of 5-1/2" 17# J55, N80, LT&C casing & set @ 8383'. Cmt w/900 sx 50/50 Poz C + additives. Toc @ 6686'. ND, set slips and cut off csg. Clean location and jet pits. Release rig @ 1:30 AM MDT 11/09/02.

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 11/21/02

Type or print name Kim Stewart Telephone No. 915/ 683-7443
(This space for State use)

APPROVED BY For Record Only TITLE DATE NOV 26 2002
Conditions of approval, if any: