|  | ٠,                          | 1                            |                        |                            |
|--|-----------------------------|------------------------------|------------------------|----------------------------|
| Submit 3 Copies To Appropriate District  State of New Mexico                                     |                             |                              |                        | Form C-103                 |
| District I<br>1625 N. French Dr., Hobbs, NM 88240  |                             |                              |                        | Revised June 10, 2003      |
| District II<br>1301 W. Grand Ave., Artesia, NM 88210   | CIT CONCEDIA ELEGIZATIONI   |                              |                        | 3079                       |
| District III<br>1000 Rio Brazos Rd., Aztec, NM 87410   | 1220 South St. Francis Dr.  |                              | 5. Indicate Type STATE | FEE F                      |
| <u>District IV</u><br>1220 S. St. Francis Dr., Santa Fe, NM                                      | Santa Fe, N                 | M 87505                      | 6. State Oil & G       | as Lease No.               |
| 87505 SUNDRY NOTIC   | ES AND REPORTS ON W         | ELLS                         | 7. Lease Name          | or Unit Agreement Name     |
| (DO NOT USE THIS FORM FOR PROPOSA<br>DIFFERENT RESERVOIR. USE "APPLICA                           |                             |                              | WILM                   | A MAY                      |
| PROPOSALS.)  1. Type of Well:  |                             | . A                          | 8. Well Number         |                            |
| Oil Well Gas Well  | Other -                     | CONTROL SEA                  | 1                      |                            |
| 2. Name of Operator ELPAMCO., IN   | Ċ.                          |                              | 9. OGRID Num           |                            |
| 3. Address of Operator Po Box 14738  | _                           | Im 87/91                     | 10. Pool name o        |                            |
| 4. Well Location   | (1-0350)                    |                              |                        | 100 11 22                  |
| Unit Letter F:   | /7/5 feet from the _ >      | line and                     | 17/5 feet fro          | om the W line              |
| Section 30   | Township 29 N               | Range 10 W                   | NMPM SAH J             |                            |
|  | 11. Elevation (Show whether | r DR, RKB, RT, GR, etc.      |                        |                            |
| 12. Check Ap   | propriate Box to Indica     | te Nature of Notice,         | Report or Other        | Data                       |
| NOTICE OF INT  |                             |                              | SEQUENT RE             |                            |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON            | REMEDIAL WOR                 | :К <u>Ц</u>            | ALTERING CASING            |
| TEMPORARILY ABANDON  | CHANGE PLANS                | COMMENCE DRI                 | LLING OPNS.            | PLUG AND  ABANDONMENT      |
| PULL OR ALTER CASING .   | MULTIPLE  COMPLETION        | CASING TEST AI<br>CEMENT JOB | ND 🔀                   |                            |
| OTHER:   |                             | OTHER:                       |                        |                            |
| 13. Describe proposed or complet of starting any proposed work or recompletion.  PRESSURE TESTEL | c). SEE RULE 1103. For M    | ultiple Completions: At      | tach wellbore diagr    | ram of proposed completion |
| PRESSURE TESTED HELD OK. DRIL 10.5#, J-55 CA   | Led 61/4" Hole              | TO 1935 A                    | CB. RAN .              | 47 JTS 41/2,               |
| HERD THE TOS CA  | SING, CASING                | landed AT                    | - 1913 K               | B. PBD OF                  |
|  |                             |                              |                        |                            |
| CONTAINING 2   | 7 Calium Me7                | ASILICATE A                  | Nd Yy #SK              | Celle Flakes.              |
|  |                             |                              |                        |                            |
| TAILED IN WITH<br>2% CACL AND  | 137 3x (111 C)              | TIANOS. CIR                  | CULATED C              | EMENT TO SARF              |
| 2% CACL AND  | 14" SK CELLO                | - ZANG- L CVI                |                        |                            |
| I hereby certify that the information ab   | OLT Valune &                | font cir                     |                        |                            |
|  |                             |                              | e and belief.          |                            |
| SIGNATURE Lulliam  | Jynaylen TITL               | E V.P.                       | -                      | DATE 7-1-05                |
| Type or print name William   | J. MAYLEWE-ME               | il address:                  |                        | elephone No. 505-291-5     |
| (This space for State use)   | <u> </u>                    | SUPERVISOR DISTRI            | CT # 3                 | JUL - 8 2005               |
| APPPROVED BY Chah H  | TITLE                       |                              |                        | DATE                       |
| Conditions of annroval if any  |                             |                              |                        |                            |