

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

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.)

7. Lease Name or Unit Agreement Name

ROPKO 15 GW PC

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

RICHARDSON OPERATING COMPANY

3. Address of Operator

1700 LINCOLN ST., SUITE 1700, DENVER, CO 80203

8. Well No.

#2

9. Pool name or Wildcat

WEST KUTZ PICTURED CLIFFS

4. Well Location

Unit Letter 0 : 476 Feet From The SOUTH Line and 1800 Feet From The EAST Line

Section 15 Township 29N Range 13W NMPM SAN JUAN County

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

5322' 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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☒

OTHER: ☐

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.

RAN 29 JTS NEW 4½" ±0.5# J55 8RD ST + C CASING. LANDED SHOE @ 1305'.

RAN CENTRALIZERS ON 2ND, 4TH, 6TH, 8TH, 10TH JTS. CEMENTED WITH 80SX C-LITE

YIELD 2.06 CF/SX FOLLOWED BY 100 SX NEAT W 2% CACI AND ¼# PER SX WITH 1.18 CF/SX

YIELD. RETURNED 1 BBL TO SURFACE. BUMPED PLUG W/1200 PSI. FLOAT HELD OKAY.

RECEIVED
APR - 7 1997

OIL CON. DIV.
DIST. 3

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

SIGNATURE

TITLE

OPERATIONS MANAGER

DATE 4-4-97

(303)

TYPE OR PRINT NAME MITCHELL STEINKE

TELEPHONE NO. 830-8000

(This space for State Use)

APPROVED BY

Ernie Burch

DEPUTY OIL & GAS INSPECTOR, DIST. 3

DATE

APR - 7 1997

CONDITIONS OF APPROVAL, IF ANY: