

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

WELL API NO. 30-045-09381
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name
8. Well No. Ollie Sullivan #1
9. Pool name or Wildcat BASIN DAKOTA

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER:	
2. Name of Operator ROBERT L. BAYLESS	
3. Address of Operator P.O. BOX 168, FARMINGTON, NM 87499	
4. Well Location Unit Letter <u>A</u> : <u>1190</u> Feet from the <u>NORTH</u> Line and <u>840</u> Feet from The <u>EAST</u> Line Section <u>22</u> Township <u>30N</u> Range <u>12W</u> NMPM <u>SAN JUAN</u> County	
10. Elevation (Show whether DF, 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>Subsequent Report</u> <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Return to production</u> <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.

The subject well was returned to production on 11/11/02 with an intial rate of 30 MCFD.

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

SIGNATURE Tom McCarthy TITLE ENGINEER DATE 11/11/02

TYPE OR PRINT NAME Tom McCarthy TELEPHONE NO. (505) 326-2659

(This space for State Use)

APPROVED BY CHARLIE T. PERRIN TITLE DEPUTY CHIEF OF GAS PRODUCTION DATE NOV 13 2002

CONDITIONS OF APPROVAL, IF ANY: