

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

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

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

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|---|
| WELL API NO. 30-045-10020 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. SF-3159-A |
| 7. Lease Name or Unit Agreement Name Horseshoe Gallup Unit |
| 8. Well No. 228 |
| 9. Pool name or Wildcat Horseshoe Gallup |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) |

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| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | |
| 2. Name of Operator Convest Energy Corporation | |
| 3. Address of Operator 2401 Fountain View Drive, Suite 700 Houston, TX 77057-4862 | |
| 4. Well Location Unit Letter C : 660 Feet From the North Line and 1980 Feet From The West Line Section 02 Township 30N Range 16W NMPM San Juan County | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | |

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|--|---|
| 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: <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: Return to Production <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.

This well was returned to production on 2/13/95.

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

SIGNATURE Dianna K. Fairhurst TITLE Consulting Engineer DATE 4-21-95
TYPE OR PRINT NAME Dianna K. Fairhurst TELEPHONE NO. 713-780-1952

(This space for State Use)

APPROVED BY John Robinson TITLE DEPUTY OIL & GAS INSPECTOR, ENCL # DATE APR 24 1995
CONDITIONS OF APPROVAL, IF ANY: