| Energy, Minerals and Natural Resources  No. French Dr. Hobbs, NM 88240  Sour Finst, Areva, NM 88240  Sour Finst, Areva, NM 88210  OIL CONSERVATION DIVISION 2040 South Pachecro 35. Indicate Type of Lease STATE   FEE    SATTE OF LEASE NO.  SATTE OF FEE    SATTE OF LEASE NO.  SATTE OF LEASE NAME OF LEASE | Suomit 3 Copies To Appropriate District         | State of  | New Me                     | xico                                      |   | Form C                                 | :-103            |  |
|--|---|---|----------------------------|---|---|--|------------------|--|
| South Practices and Season South Practices of South | Office District                                 | Energy, Minerals                                | and Natu                   | ral Resources                             | Revised March 25, 1999                          |  |                  |  |
| 2040 South Pacheco   Santa Fe, NN 87305   South Pacheco   South P   | District II                                     | OIL CONSER                                      | VATION                     | DIVISION                                  | WELL AFT NO.                                    |  |                  |  |
| SAIRLE FE, NIVE 87505  SUNDRY MOTICES AND REPORTS ON WELLS  SUNDRY MOTICES AND REPORTS ON WELLS  SOUTH PRACTICE FORM SOR PROPOSALS 15 OORLILO 8X TO DEEPES ON BRUGG BACK TO A FERRENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  POPOSALS.)  Type of Well:  Onder  S. Well No. #5.  J. C. WELL SERVICE INC.  #4.#10-#470-#271  Address of Operator  J. C. WELL SERVICE INC.  #4.#10-#470-#271  Address of Operator  J. O. BOX 51 FARMINGTON, NM 87499  Well Location  Unit Letter  Township  Township  Range  NMPM  County  10. Elevation (Show whether DR, RKB, RT, GR, etc.)  11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  REMEDIAL WORK  ALTERING CASING COMPLETION  THER. PUT INTO PRODUCTION  DESCRIPTION  THER. PUT INTO PRODUCTION  DESCRIPTION  THER. PUT INTO PRODUCTION  DESCRIPTION  THER. PUT INTO PRODUCTION  THER. BAJ3/01  COMPLETION  THER. PUT INTO PRODUCTION  THER. BAJ3/01  T | District III                                    |   |                            |   | 1   |  |                  |  |
| SUNDRY NOTICES AND REPORTS ON WELLS  NATURE THIS FORM FOR PROPESALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A PREPARENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  OROSALS)  Type of Well:  Oil | 000 Rio Brazos Rd., Aztec, NM 87410 District IV |   |                            |   |   |  |                  |  |
| NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A FERENT RESENOUR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH OFFICENCY OF TYPE OF Well: Oil Well G Gas Well Other    UTE MOUNTAIN "B"   | 2040 South Pacheco. Santa Fe, NM 87505          |   |                            |   | 6. State Off & G                                | as Lease No.                           |                  |  |
| Type of Well:  Oith Well Sor Say Well  Other  Name of Operator  J. C. WELL SERVICE INC.  Address of Operator  P. O. BOX 51 FARMINGTON, NM 87499  Well Location  Unit Letter  | DO NOT USE THIS FORM FOR PROPOS                 | ALS TO DRILL OR TO DEE                          | EPEN OR PL                 | UG BACK TO A                              | 7. Lease Name or                                | Unit Agreement N                       | ame:             |  |
| Name of Operator J. C. WELL SERVICE INC.  #4-#10-#20-#21  Address of Operator P. O. BOX 51 FARMINGTON, NM 87499  Well Location Unit Letter   | 1. Type of Well:                                |   |                            |   | UTE MOUNTAIN "B"                                |  |                  |  |
| Address of Operator P.O. BOX 51 FARMINGTON, NM 87499  Well Location  Unit Letter   | 2. Name of Operator                             |   |                            |   |   |  |                  |  |
| Well Location  Unit Letter   | 3. Address of Operator                          |   |                            |   | 9. Pool name or Wildcat                         |  |                  |  |
| Unit Letter  |   | N,NM 87499                                      |                            |   | VERDE GALLUP                                    | )                                      |                  |  |
| Section    Township   Range   NMPM   County  |   |   |                            |   |   |  |                  |  |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  REFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING DETERMINED AND ABANDON   REMEDIAL WORK   ALTERING CASING DETERMINED AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PLUG AND ABANDONMENT   DILL OR ALTER CASING   MULTIPLE   CASING TEST AND CEMENT JOB   DITHER: PUT INTO PRODUCTION   OTHER: DETERMINED AND ABANDONMENT   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.  THIS GROUP OF WELL'S ON UTE "B" LEASE WILL BE PLUGGED OR PUT INTO PRODUCTION  IN THE NEXT 6 MONTHS  DATE 8/13/01  TITLE OPERATOR DATE 8/13/01  THE PROPERTY OF A SAIN INSPECTOR. DIST. PARK PAPER OPERATOR DATE AND CASH PAPER | Unit Letter :                                   | feet from the                                   |                            | line and                                  | feet fro  | m the                                  | line             |  |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING E  EMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PLUG AND ABANDONMENT    JULI OR ALTER CASING   MULTIPLE   COMPLETION   CASING TEST AND CEMENT JOB    THER: PUT INTO PRODUCTION   OTHER:   IT INTO PRODUCTION    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.  THIS GROUP OF WELL'S ON UTE "B" LEASE WILL BE PLUGGED OR PUT INTO PRODUCTION  IN THE NEXT 6 MONTHS  TITLE   OPERATOR   DATE   8/13/01    TOPERATOR   DATE   8/13/01    Telephone No. 327-9931  THE OPPROVED BY DATE   AUG 13 2  | Section   |   |                            |   |   | County                                 |                  |  |
| NOTICE OF INTENTION TO:  REFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING    REMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PLUG AND ABANDONMENT    JULIOR ALTER CASING   MULTIPLE   COMPLETION   CASING TEST AND CEMENT JOB    THER. PUT INTO PRODUCTION   OTHER:   OTHER:    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.  THIS GROUP OF WELL'S ON UTE "B" LEASE WILL BE PLUGGED OR PUT INTO PRODUCTION  IN THE NEXT 6 MONTHS  TITLE OPERATOR DATE 8/13/01  TYPE OF INTENTION   OTHER INTENTION   OTHER INTENTION    DATE 8/13/01  TITLE OPERATOR DATE 8/13/01  AUG 1/3 2  AUG 1/3 2  |   | 10. Elevation (Show                             | whether D                  | R, RKB, RT, GR, e                         | tc.)  |  |                  |  |
| NOTICE OF INTENTION TO:  REFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING    REMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PLUG AND ABANDONMENT    JULIOR ALTER CASING   MULTIPLE   COMPLETION   CASING TEST AND CEMENT JOB    THER. PUT INTO PRODUCTION   OTHER:   OTHER:    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.  THIS GROUP OF WELL'S ON UTE "B" LEASE WILL BE PLUGGED OR PUT INTO PRODUCTION  IN THE NEXT 6 MONTHS  TITLE OPERATOR DATE 8/13/01  TYPE OF INTENTION   OTHER INTENTION   OTHER INTENTION    DATE 8/13/01  TITLE OPERATOR DATE 8/13/01  AUG 1/3 2  AUG 1/3 2  | 11. Check A                                     | appropriate Box to I                            | ndicate N                  | ature of Notice                           | Report or Other                                 | Data                                   | तर्देश हैं       |  |
| COMMENCE DRILLING OPNS.   PLUG AND ABANDONMENT    CASING TEST AND CEMENT JOB   CASING TEST AND CEMENT JOB    THER: PUT INTO PRODUCTION   OTHER:   DOTTO    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.  THIS GROUP OF WELL'S ON UTE "B" LEASE WILL BE PLUGGED OR PUT INTO PRODUCTION  IN THE NEXT 6 MONTHS  TITLE OPERATOR DATE 8/13/01  Type or print name OHN CUNNINGHAM Telephone No. 327-9931  This space for State use)  PAPPROVED BY   | NOTICE OF IN                                    | TENTION TO:                                     |                            | SUI                                       | BSEQUENT RE                                     | PORT OF:                               | ומפ ר            |  |
| ABANDONMENT  COMPLETION  COMPLETION  COMPLETION  COMPLETION  COMPLETION  COMPLETION  OTHER:  DOTHER:  DOTHER:  DOTHER:  COMPLETION  COMPLETION  COMPLETION  OTHER:  CO | TEMPORARILY ABANDON                             |   |                            |   |   |  |                  |  |
| COMPLETION  CHER: PUT INTO PRODUCTION  DOTHER:   |   |   |                            |   |   | r <b>L</b>                             |                  |  |
| 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.  THIS GROUP OF WELL'S ON UTE "B" LEASE WILL BE PLUGGED OR PUT INTO PRODUCTION  IN THE NEXT 6 MONTHS  THE NEXT 6 MONTHS  DATE 8/13/01  TITLE OPERATOR  OPERATOR  OPERATOR  OPERATOR  OPERATOR  OPERATOR  OHN CUNNINGHAM  Telephone No. 327-9931  This space for State use)  OPERATOR  DATE AUG 13 2   |   |   |                            |   | _   |  |                  |  |
| of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  THIS GROUP OF WELL'S ON UTE "B" LEASE WILL BE PLUGGED OR PUT INTO PRODUCTION  IN THE NEXT 6 MONTHS  hereby certify that the information above is true and complete to the best of my knowledge and belief.  IGNATURE OPERATOR DATE 8/13/01  Type or print name OHN CUNNINGHAM  Telephone No. 327-9931  This space for State use)  AUG 1 3 2  PPPROVED BY  TITLE   |   |   |                            | Į.  |   |  |                  |  |
| IN THE NEXT 6 MONTHS  hereby certify that the information above is true and complete to the best of my knowledge and belief.  IGNATURE OPERATOR DATE 8/13/01  Type or print name OHN CUNNINGHAM  Telephone No. 327-9931  This space for State use)  PAPPROVED BY  TITLE  AUG 13 2  | of starting any proposed work                   | ed operations. (Clearly<br>). SEE RULE 1103. Fo | state all pe<br>r Multiple | rtinent details, and<br>Completions: Atta | l give pertinent dates,<br>ach wellbore diagram | including estimate<br>of proposed comp | d date<br>letion |  |
| hereby certify that the information above is rue and complete to the best of my knowledge and belief.  IGNATURE OPERATOR DATE 8/13/01  Type or print name OHN CUNNINGHAM Telephone No.  This space for State use)  APPPROVED BY TITLE  TITLE  AUG 13 2   | THIS GROUP OF WELL'                             | s ON UTE "B" LEA                                | SE WILL                    | BE PLUGGED                                | OR PUT INTO PR                                  | ODUCTION                               |                  |  |
| TITLE OPERATOR DATE 8/13/01  Tope or print name OHN CUNNINGHAM  Telephone No. 327-9931  This space for State use)  APPPROVED BY TITLE  TITLE OPERATOR  TITLE OPERATOR  TITLE OPERATOR  TITLE OPERATOR  DATE 8/13/01  AUG 13 2  | IN THE NEXT 6 MONTH                             | S   |                            |   |   |  |                  |  |
| TITLE OPERATOR DATE 8/13/01  Tope or print name OHN CUNNINGHAM  Telephone No. 327-9931  This space for State use)  APPPROVED BY TITLE  TITLE OPERATOR  TITLE OPERATOR  TITLE OPERATOR  TITLE OPERATOR  DATE 8/13/01  AUG 13 2  |   |   |                            |   |   |  |                  |  |
| TITLE OPERATOR DATE 8/13/01  Tope or print name OHN CUNNINGHAM  Telephone No. 327-9931  This space for State use)  APPPROVED BY TITLE  TITLE OPERATOR  TITLE OPERATOR  TITLE OPERATOR  TITLE OPERATOR  DATE 8/13/01  AUG 13 2  |   |   |                            |   | 1.12  |  |                  |  |
| TITLE OPERATOR DATE 8/13/01  Tope or print name OHN CUNNINGHAM  Telephone No. 327-9931  This space for State use)  APPPROVED BY TITLE  TITLE OPERATOR  TITLE OPERATOR  TITLE OPERATOR  TITLE OPERATOR  DATE 8/13/01  AUG 13 2  |   |   |                            |   |   | 4601 86                                |                  |  |
| TITLE OPERATOR DATE 8/13/01  Tope or print name OHN CUNNINGHAM  Telephone No. 327-9931  This space for State use)  APPPROVED BY TITLE  TITLE OPERATOR  TITLE OPERATOR  TITLE OPERATOR  TITLE OPERATOR  DATE 8/13/01  AUG 13 2  |   |   |                            |   |   |  |                  |  |
| TITLE OPERATOR DATE 8/13/01  Tope or print name OHN CUNNINGHAM  Telephone No. 327-9931  This space for State use)  APPPROVED BY TITLE  TITLE OPERATOR  TITLE OPERATOR  TITLE OPERATOR  TITLE OPERATOR  DATE 8/13/01  AUG 13 2  |   |   |                            |   |   |  |                  |  |
| TITLE OPERATOR DATE 8/13/01  Tope or print name OHN CUNNINGHAM  Telephone No. 327-9931  This space for State use)  APPPROVED BY TITLE  TITLE OPERATOR  TITLE OPERATOR  TITLE OPERATOR  TITLE OPERATOR  DATE 8/13/01  AUG 13 2  |   |   |                            |   |   |  |                  |  |
| TITLE OPERATOR DATE 8/13/01  Tope or print name OHN CUNNINGHAM  Telephone No. 327-9931  This space for State use)  APPPROVED BY TITLE  TITLE OPERATOR  TITLE OPERATOR  TITLE OPERATOR  TITLE OPERATOR  DATE 8/13/01  AUG 13 2  |   |   |                            |   | M. A. Walland                                   | and the second                         |                  |  |
| TITLE OPERATOR DATE 8/13/01  Tope or print name OHN CUNNINGHAM  Telephone No. 327-9931  This space for State use)  APPPROVED BY TITLE  TITLE OPERATOR  TITLE OPERATOR  TITLE OPERATOR  TITLE OPERATOR  DATE 8/13/01  AUG 13 2  | I hereby certify that the information           | on above is true and com                        | plete to the               | best of my knowl                          | edge and belief.                                |  |                  |  |
| This space for State use)  APPPROVED BY  TITLE  OHN CUNNINGHAM  Telephone No.  327-9931  TITLE  AUG 13 2   | SIGNATURE MICK                                  | ( and )   |                            |   | <b></b>   | DATE 8/13                              | 3/01             |  |
| This space for State use)  APPPROVED BY TITLE  TITLE  TITLE  TELEPHONE NO.  AUG 13 2   | ACUM, CUM                                       | II NGHAM  |                            |   | T-1-  | 327-0                                  |                  |  |
| APPPROVED BY TITLE TITLE TITLE DEPUTY OIL & GAS INSPECTOR, DIST. # DATE  | (This space for State use)                      | <del></del>                                     |                            |   | 1 ele   | phone No.                              |                  |  |
| APPPROVED BY TITLE DATE  | GREINAL SIGN                                    | D RY ON CONTROL TO PROPERTY                     | :N                         | DEPUTY OIL & GA                           | S INSPECTOR DICT                                | AUG 1                                  | 3 2              |  |
| onditions of approval, it uny.   | APPPROVED BY Conditions of approval, if any:    | — · · · · · · · · · · · · · · · · · · ·         | TITLE                      |   | - morecross, profs                              | DATE                                   | 0 2              |  |

Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources District Revised March 25, 1999 1625 N, French Qr., Hobbs, NM 88240 WELL API NO. District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 5. Indicate Type of Lease District III 2040 South Pacheco 1000 Rio Brazos R.J., Aztec, NM 87410 STATE FEE Santa Fe. NM 87505 District IV State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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: UTE MOUNTAIN "B" Oil Well Gas Well Other 2. Name of Operator 8. Well No. #S J.C. WELL SERVICE INC. #4-#10-#20-#21 Address of Operator 9. Pool name or Wildcat P.O. BOX 51 FARMINGTON, NM 87499 VERDE GALLUP 4. Well Location Unit Letter feet from the line and feet from the Section **NMPM** County 10. Elevation (Show whether DR, 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 ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON ☐ CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** PULL OR ALTER CASING ☐ MULTIPLE CASING TEST AND COMPLETION **CEMENT JOB** OTHER: PUT INTO PRODUCTION  $\boxtimes$ 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. THIS GROUP OF WELL'S ON UTE "B" LEASE WILL BE PLUGGED OR PUT INTO PRODUCTION IN THE NEXT 6 MONTHS 45-25239 I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE DATE 8/13/01 ⊅OHN CUNNINGHÁM Type or print name 327-9931 Telephone No. (This space for State use) SENSITY OIL & GAS INSTRUCTOR FROM THE AUG 13 200! APPPROVED BY Chan TITLE DATE Conditions of approval, if any: