Energy, Minerals and Natural Resources Disarit Revised March 25, 1999 1625 N. French Dr., Hobbs, NM 88240 WELL API NO. District II OIL CONSERVATION DIVISION 811 South First, Arresia, NM 88210 District III 5. Indicate Type of Lease 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 STATE Santa Fe. NM 87505 FEE District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name: 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 3. Address of Operator 9. Pool name or Wildcat P.O. BOX 51 FARMINGTON, NM 87499 VERDE GALLUP 4. Well Location feet from the _____ line and _____ feet from the Section 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: PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON ☐ CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND PULL OR ALTER CASING **ABANDONMENT** ☐ MULTIPLE CASING TEST AND COMPLETION CEMENT JOB OTHER: PUT INTO PRODUCTION \square 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 I hereby certify that the inform rue 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)

DEPUTY OIL & GAS INSPECTOR, DIST.

Chicinal Signed by Ordanie T. Princh APPPROVED BY Conditions of approval, if any:

(This space for State use)

APPPROVED BY Cha

Conditions of approval, if any:

Telephone No.

DATE

PERSTY OF 2 SAS INSPECT

TITLE