State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| to Appropriate District Office |
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DISTRICT I P.O. Box 1980, Hobbs, NM 88240

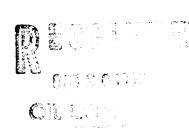
| Santa Fe, New Mexico 87504-2088 | 5. Indicate Type of Lesse STATE FEE | | |
|---|-------------------------------------|--|--|
| OIL CONSERVATION DIVISION P.O. Box 2088 | WELL API NO. 30 045 27621 | | |
| Ciergy, Mineral and Company | | | |

| P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 | | 30 045 27021 | | | |
|--|-----------------------------------|--|--|--|--|
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 | | 5. Indicate Type of Lease STATE FEE X | | | |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | 6. State Oil & Gas Lease No. | | |
| | AND DEPORTS ON WEL | LS | <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | | |
| 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 Miller 32-6-11 | | |
| 1. Type of Well: OIL GAS WELL X | OTHER | | | | |
| 2 Name of Operator Richmond Petro | oleum, Inc. | | 8. Well No. | | |
| | od, Suite 500, Dall | as, TX 75201 | 9. Pool name or Wildcat Basin Fruitland Coal | | |
| | eet From The North | | 760 Feet From The West Line | | |
| Section 11 1 | Township 32N R | ange 6W | NMPM San Juan County | | |
| 10. Elevation (Show Whether Dr., RKD, RT. GR., R | | | | | |
| Check Appr NOTICE OF INTEN | ropriate Box to Indicate TION TO: | Nature of Notice, I | Report, or Other Data BSEQUENT REPORT OF: | | |
| | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING | | |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLI | | | |
| PULL OR ALTER CASING | [| CASING TEST AND | CEMENT JOB [] | | |
| OTHER: | | OTHER: | In this estimated date of starting any proposed | | |

Well was perforated in December of 1992 - Interval 2650' - 2664' 0.50" Size

Number

Currently waiting on fracture completion and pipeline facilities.



| I hereby certify that the information above is true and complete to the best of my knowle | edge and belief. Engineering | 10/18/93 |
|---|------------------------------|--------------------------|
| TYPE OR PRINT NAME James L. Merkel | TITLE | TELEPHONE NO. 214 720773 |
| (This space for State Use) Original Signed by CHARLES SimpleON | protect to the State of the | DATE OCT 2 0 1993 |

CONDITIONS OF APPROVAL, IF ANY:

^{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.