

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised June 10, 2003

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
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 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"/>	WELL API NO. <b>30-015-00986</b>
2. Name of Operator <b>ERS RESOURCES LLC</b>	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator <b>PO Box 958 Carlsbad, NM 88221</b>	6. State Oil & Gas Lease No.
4. Well Location Unit Letter <b>B</b> : <b>330</b> feet from the <b>N</b> line and <b>1650</b> feet from the <b>E</b> line Section <b>35</b> Township <b>18S</b> Range <b>27E</b> NMPM County <b>EDDY</b>	7. Lease Name or Unit Agreement Name <b>Artesia meter Unit</b>
	8. Well Number <b>55-B</b>
	9. OGRID Number <b>225298</b>
	10. Pool name or Wildcat <b>Cattaraugus Drayburg SA</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

13. 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 recompletion.

POOH w/ rods & pump, tag bottom w/ tubing,  
POOH w/ tubing, clean out fill w/ bulldog bailer,  
put well on production on 3-16-04.

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

SIGNATURE Roy Camigan TITLE owner DATE 4-5-04  
Type or print name Roy Camigan E-mail address: Telephone No. 505-361-3291  
(This space for State use)  
APPROVED BY [Signature] TITLE Field Rep ID DATE MAY 1 2004  
Conditions of approval, if any: