| Submit 3 Copies To Appropriate District Office | State of N | lew Me | xico | Form C-103 | | |
|--|--|----------|---------------|--------------------------------------|-------------------------|----------|
| District I 1625 N. French Dr., Hobbs, NM 88240 | Energy, Minerals and Natural Resources | | | Revised June 10, 2003 WELL API NO. | | |
| District II 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | | 30-015-02139 | | |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | | 5. Indicate Type of Lease STATE FEE | | |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM | Santa Fe, NM 87505 | | | 6. State Oil & 0 | | |
| 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.) | | | | 8. Well Number | | |
| 1. Type of Well: Oil Well Gas Well Other | | | | 8. Well Number | | |
| 2. Name of Operator | | | | 9. OGRID Number | | |
| ERS RESILECES LLC | | | | 10. Pool name or Wildcat | | |
| 3. Address of Operator PO BOY 958 Carlabad, Nm 88221 | | | | 10. Pool name | | Prom |
| 4. Well Location | | | | | | |
| Unit Letter I : feet from the line and GGO feet from the u line | | | | | | |
| | | | | | | |
| Section 30 Township 185 Range 28 E NMPM County EDD? 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 | | | REMEDIAL WOR | | | G □ |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DR | ILLING OPNS. | PLUG AND ABANDONMENT | |
| PULL OR ALTER CASING | MULTIPLE COMPLETION | | CASING TEST A | ND 🗆 | ADAINDONMENT | |
| OTHER: | | | OTHER: | | | |
| 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. | | | | | | |
| | | | | | | |
| port w/rode & pump, tag bottom w/tuling, | | | | | | |
| | | | | | | |
| Poot withing, clean out fill w/bulldog bailer, | | | | | | |
| put well an production on 2-26-04. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | | |
| O- H | ~ ~ | | | ge une ocnor. | sum the | NI |
| SIGNATURE CON | men . | TITLE | Omner | | DATE_4-5- | • |
| Type or print name Roy H | inigan | E-mail a | ddress: | 1 1 7 | Telephone No.505- | 361-3982 |
| (This space for State use) | V O | | SUXO | AN C | DATMAY 1 | 2004 |
| APPPROVED BY | 6 \ | TITLE | | | DATIMAL | |