

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

WELL API NO.
30-015-04282

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Gissler A (federal lease)

8. Well Number

4

9. OGRID Number
017985

10. Pool name or Wildcat
Loco Hills Paddock

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 ☒ Gas Well ☐ Other

RECEIVED

2. Name of Operator

Premier Oil & Gas, Inc.

MAY 31 2005

3. Address of Operator

OCD-ARTESIA

4. Well Location

Unit Letter F : 1980 feet from the North line and 1980 feet from the West line

Section 23

Township

17S Range 30E

NMPM

County Eddy

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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: cover pit ☒

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.

The pit approved by OCD on 05/18/05, was covered on 05/20/05 with 20 mil lining and 3' of dirt.

Final Closure

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

SIGNATURE

Rosalie Jones

TITLE

President

DATE

05/27/05

Type or print name

Rosalie Jones

E-mail address:

Telephone No.

505-748-2093

(This space for State use)

APPROVED BY

Accepted for record - NMOCD

DATE

JUN 02 2005

Conditions of approval, if any: